

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006332  
State File No. ....

FILED MAR 13 1959

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR</u> TOWN <u>Wheeling</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY <u>OR</u> TOWN <u>Wheeling</u> <u>0590</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street address</u>				No. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		a. (First)		b. (Middle)		c. (Last) <u>HAYEN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1959</u>		5. SEX <u>Male</u> <u>C</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>21 Aug. 1872</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dum Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morrison, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Hayen</u>		13b. MOTHER'S MAIDEN NAME <u>Elma VanDe Putin</u>		14. NAME OF HUSBAND OR WIFE <u>Tomma A. Kleine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Hayen; Wheeling, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4251</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wheeling, Livingston, Missouri</u>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>59</u> , to _____, 19____, that I last saw the deceased alive on <u>March</u> , 19 <u>59</u> , and that death occurred at <u>3:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph G. Conrad M.D.</u> (Degree or title)				23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>Mar. 4-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>		24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-4-59</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elton Newman*.....

Licensed Embalmer No...4036..

P. O. Address Chillicothe,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.