

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006614

STATE FILE NUMBER

59

FEB 16 1959

Registration District No. 274 Primary Registration District No.

Registrar's No.

300
-57

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|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY PETTIS | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PETTIS | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LA MONTE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN LA MONTE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb 30 YEARS | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last EUGENE RAY HAYWORTH | | | 4. DATE OF DEATH Month Day Year 2 10 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MAY 10, 1886 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days 9 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATION OPERATOR | | 10b. KIND OF BUSINESS OR INDUSTRY STANDARD OIL | 11. BIRTHPLACE (City and state or country) LA MONTE, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME RILEY HAYWORTH | | 13b. MOTHER'S MAIDEN NAME LAURA THOMAS | | 14. NAME OF HUSBAND OR WIFE MARY ELLEN SCOTT | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, if unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 500-20-0013 | 17. INFORMANT Address MARY SCOTT HAYWORTH LA MONTE | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 min |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Congestive heart failure 16 yrs | | | | | 16 yrs |
| DUE TO (c) Arteriosclerotic Heart Disease | | | | | 16 yrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1954 to 1959 and last saw her alive on 2-10-59 Death occurred at 3:38 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Physician) Charles A. Shelby, M.D. | | | 22b. ADDRESS Sweet Springs, Mo | | 22c. DATE SIGNED 2-11-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 2-12-59 | 23c. NAME OF CEMETERY OR CREMATORY LA MONTE CEMETERY | | 23d. LOCATION (City, town, or county) (State) LA MONTE MO |
| 24. FUNERAL DIRECTOR Paul M. Moore | | 25. DATE RECD. BY LOCAL REG. Feb 11 1959 | | 26. REGISTRAR'S SIGNATURE Frances Shelby | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms. All diseases in Part I must be causally related.

5410

MAR 3 1958

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 *Paul M. Moore*

Licensed Embalmer No. *3923*

P. O. Address *P. M. Moore*

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.