. Health,
& Welfare
Public
Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008170
STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN: Nevada, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home, 805 W-Cherry — Length of stay in Ib: [illegible] yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada, Missouri — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 805 West Cherry St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Allen Middle: Vest Last: Hays
4. DATE OF DEATH: Month: February Day: 4 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: August 28, 1881
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months: 5 Days: 7 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mortician
10b. KIND OF BUSINESS OR INDUSTRY: Funeral Home
11. BIRTHPLACE (City and state or country): Moniteau County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John A. Hays
13b. MOTHER'S MAIDEN NAME: Martha Davis
14. NAME OF HUSBAND OR WIFE: Edyth K. Hays
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 491-05-8807-A
17. INFORMANT: Mrs. Edyth K. Hays, Wife Address: 805 W-Cherry St Nevada, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of head of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease; Chronic Pyelonephritis — 157X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 10-3-53, to 2-4-59 and last saw her/him alive on 2-3-59
Death occurred at 3.25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Braxton Orr, M.D.
22b. ADDRESS: Nevada, Mo.
22c. DATE SIGNED: 2-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-6-1959
23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county) (State): Nevada, Vernon, Missouri

24. FUNERAL DIRECTOR: Hays Funeral Service, Inc. ADDRESS: Nevada, Missouri
(Licensed Embalmer's Statement on Reverse Side)
25. DATE REC'D. BY LOCAL REG.: 2-27-1959
26. REGISTRAR'S SIGNATURE: Arnold E. Perry

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

AUG 4 1959

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 Richard S. Leffler

Licensed Embalmer No. 5053

P. O. Address Ft Scott, Ks

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.