

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017347
STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 4586

300
1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Licking
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St John's Hosp		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1070
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last TERRY LYNN HAYES			4. DATE OF DEATH Month Day Year May 5-6 1959		
5. SEX MALE	6. COLOR OR RACE WHT	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 27 1959	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HOUSTON-MO	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME EMERY GERALD HAYES		13b. MOTHER'S MAIDEN NAME BETTY BAKER		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT Address BETTY HAYES - LICKING MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Fibrosis Lunges			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Patent Ductus Arteriosus			
DUE TO (c) Patent Foramen Ovale (large)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7541			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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
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21. I attended the deceased from April 27, 1959, to May 6, 1959 and last saw him alive on 5-6-59
Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. J. Schwarz M.D.</i>	(Doctor or title)	22b. ADDRESS 609 Cherry, Springfield Mo.	22c. DATE SIGNED 5-6-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE MAY-8-1959	23c. NAME OF CEMETERY OR CREMATORY ADAMS CEMETERY	23d. LOCATION (City, town, or county) (State) 4 1/2 mi. S.W. BUNKER MO
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24. FUNERAL DIRECTOR L. F. Evans - Houston, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-11-59	26. REGISTRAR'S SIGNATURE Effie E. Meston
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Curtis C. Craig*

Licensed Embalmer No. *4766*
P. O. Address *Mt. Grove, Pa.*

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.