

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019229
STATE FILE NUMBER
4320

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes No

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF DECEASED (If NOT in hospital, give location) Length of stay in lb _____
HOSPITAL OR INSTITUTION 4100 S. Broadway

d. STREET ADDRESS 719 Marion (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Paul Middle William Last Hayes
PAUL WILLIAM HAYES

4. DATE OF DEATH Month May Day 2 Year 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH June 28-1928
WIDOWED DIVORCED

9. AGE (In years last birthday) 29 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Sander
11. BIRTHPLACE (City and state or country) Festus, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Hayes 13b. MOTHER'S MAIDEN NAME Ethel Gillam 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 Andrew Hayes Address 719 Marion St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple traumatic injuries including fractures of 4 left ribs and massive left hemorrhage pleural effusion, suffered in collision between car operated by deceased and car operated by one Milan Barich in

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) _____

INTERVAL BETWEEN ONSET AND DEATH _____

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
front of about 4106 S. Broadway about 12:55 A.M.

20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____
a.m. _____ p.m. _____
Criminal Carelessness on the part of May 2, 1959. Paul Hayes

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 157 street 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or Title) _____ 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 5/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 5-5-59 23c. NAME OF CEMETERY OR CREMATORY New Diggins Cemetery 23d. LOCATION (City, town, or county) Potosi, Missouri (State) _____

24. FUNERAL DIRECTOR Oman Jenkins ADDRESS Potosi, Missouri 25. DATE RECD. BY LOCAL REG. MAY 4 '59 26. REGISTRAR'S SIGNATURE [Signature] M.D. _____

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Murphy L Sparks*

Licensed Embalmer No. 4236

P. O. Address *Flat River*

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.