

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025734

FILED VS. JUL 27 1959 64

Primary Registration District No. 3032 Registrar's No. 98

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Johnson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b 3 months		c. CITY OR TOWN Warrensburg		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF DECEASED (If not to be reported, give location) Warrensburg Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 400 Jackson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Charles Brooks Hayden				4. DATE OF DEATH Month Day Year July 20, 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/19/1870		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Hilton, Virginia			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Frank Trig Hayden			13b. MOTHER'S MAIDEN NAME Frances Meadows			14. NAME OF HUSBAND OR WIFE Ida Sanders (dec)							
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. None		17. INFORMANT Address Rena Mapes Rt#2 Warrensburg, 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) Ulcer of leg.										INTERVAL BETWEEN ONSET AND DEATH 1 month			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis of leg. & generalized										3 months			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 a.m. p.m. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <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 7-15-59 to 7-20-59 and last saw ^{her} him alive on 7-20-59 Death occurred at 10:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Rhea Cooper MD						22b. ADDRESS Warrensburg Mo.			22c. DATE SIGNED 7-23-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/23/1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Tabor			23d. LOCATION (City, town, or county) (State) Lafayette County, Mo.						
24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips Warrensburg, Missouri				25. DATE RECD. BY LOCAL REG. July 23, 1959		26. REGISTRAR'S SIGNATURE Dorothy Hutchfield							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Morris D. Bailey

Licensed Embalmer No. 4287

P. O. Address Wauwatsong

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.