

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028886

FILED VS AUG 20 1959

Registration District No. 382 Primary Registration District No. 4228 Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Glasgow</u>		Length of stay in lb <u>40 yrs.</u>	c. CITY OR TOWN <u>Glasgow</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2<sup>nd</sup> St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2<sup>nd</sup> St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>HATTIE</u> Middle <u>T</u> Last <u>HAYES</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>8</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 18 1876</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Richmond Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>L. W. Thurman</u>		14. MOTHER'S MAIDEN NAME <u>Cynthia Ann Baley</u>		14. NAME OF HUSBAND OR WIFE <u>Bernie Hayes (Dec.)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. R. L. Wilson</u> Address <u>Glasgow Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>			
DUE TO (b) <u>Myocardial Infarction</u>			
DUE TO (c) <u>Arteriosclerosis</u>			
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 <u>6:05</u> a.m. p.m.		Month, Day, Year <u>1945</u> to <u>1959</u> and last saw her <u>alive</u> on <u>Aug 6</u>		

20d. INJURY OCCURRED 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 <u>1945</u> to <u>1959</u> and last saw her <u>alive</u> on <u>Aug 6</u> Death occurred at <u>6:05 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>M. Homb</u> (Degree or title)		22b. ADDRESS <u>Glasgow, Mo</u>		22c. DATE SIGNED <u>8-9-59</u>
23a. SOCIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>Aug. 10, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Armaton Mo</u>	

24. FUNERAL DIRECTOR <u>Audaley-Trimonth</u> ADDRESS <u>Glasgow Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 19, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Walker Audaley</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 20 1958

AUG 20 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *E. W. Scrimmons*

Licensed Embalmer No. 3978  
P. O. Address Glasgow, N.Y.

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.