

PURIFICATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035496

FILED VS NOV 2 1959

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5243 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Chariton Twp.</u>		c. CITY OR TOWN <u>Chariton Twp.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Forest Green, Missouri</u>		d. STREET ADDRESS (If outside, give location) <u>Forest Green, Missouri</u>	

3. NAME OF DECEASED (Type or print) First <u>Viola</u> Middle <u>(Woods)</u> Last <u>HAYES</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>13</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 4 1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. PLACE (City and state or country) <u>Chariton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benny Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Dud Hayes</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>Mr. Dud Hayes, Forest Green</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>medullary failure</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Hemorrhage</u>		
DUE TO (c) <u>Generalized arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of femur</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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> </u> a.m. <u> </u> p.m. <u> </u>	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 9-2-58 to 10-10-59 and last saw her alive on 10-10-59
Death occurred at 11:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Sign in ink) <u>Donald C. Sweeney D.O.</u>		22b. ADDRESS <u>Salisbury, Mo</u>		22c. DATE SIGNED <u>10-24-59</u>
23a. BURIAL CEMETERY OR REMOVAL (Specify)	23b. DATE <u>Oct. 17, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Green</u>		23d. LOCATION (City, town, or county) (State) <u>Forest Green Mo</u>

24. FUNERAL DIRECTOR <u>Fremont Funeral Home Glasgow Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10/26-59</u>	26. REGISTRAR'S SIGNATURE <u>Ted Hawkins</u>
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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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ed Freimuth

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.