

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035501

FILED VS NOV 12 1959 *68*

STATE FILE NUMBER

Registration District No. *68* Primary Registration District No. *5267* Registrar's No. *27*

RENDERED

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Galloway Twsp.		Length of stay in 1b 2 days	c. CITY OR TOWN Nixa Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home of Wilma Bolin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) no street address Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First TENA Middle HAYES Last HAYES			4. DATE OF DEATH Month Oct. Day 8, Year 1959		
5. SEX Female	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 Jan. 18-1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (City and state or country) Highlandville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Lee De Boie		13b. MOTHER'S MAIDEN NAME Lillie Ann Ellingsworth		14. NAME OF HUSBAND OR WIFE Colbert Hayes, Deceased Percy Melton	

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 Mrs. Wilma Bolin, Highlandville, Mo.
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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)	Cardiac arrest	sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) coronary thrombosis	few min.
	DUE TO (c) arteriosclerosis	many years
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 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 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 **1949**, to **10-9-59** and last saw her relative on **10-6-59**
Death occurred at **11:45 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold Shaffer D.O.	22b. ADDRESS Nixa Mo	22c. DATE SIGNED 10-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/11/1959	23c. NAME OF CEMETERY OR CREMATORY Highlandville Cemetery	23d. LOCATION (City, town, or county) (State) Highlandville, Missouri
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24. FUNERAL DIRECTOR Joleen Harris,	ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. Nov 9-1959	26. REGISTRAR'S SIGNATURE Loretta Leonard
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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 _____

J. Alan Harris

Licensed Embalmer No. _____

4390

P. O. Address _____

Clover, Mo.

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.