

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 043912

FILED VS DEC 28 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1385

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 7b 2 WKS	c. CITY OR TOWN MARSHFIELD MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OR (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 422 LUCAS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILEY R HAYMES			4. DATE OF DEATH Month Day Year DEC 20 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-28-1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) TENN		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME ALEX HAYMES		13b. MOTHER'S MAIDEN NAME BELLE WRINKLE		14. NAME OF HUSBAND OR WIFE STELLA	
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. YES		17. INFORMANT Address STELLA HAYMES MARSHFIELD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 WKS
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) Benign Prostatic Hyperplasia				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 Month, Day, Year a.m. p.m.					
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 May 1958 to Dec 20, 1959 and last saw him alive on Dec 20, 1959 Death occurred at 622 P on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. Callaway J		22b. ADDRESS Springfield Mo		22c. DATE SIGNED 12/22/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12-20-1959		23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD	
24. FUNERAL DIRECTOR BARBER-EDWARDS		ADDRESS MARSHFIELD		25. DATE RECD. BY LOCAL REG. 12-24-59	
26. REGISTRAR'S SIGNATURE Effie E. Meeter					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 25 1980

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 R. B. Barber

Licensed Embalmer No. 384

P. O. Address 11111 1st St

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.