

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007537

FILED VS MAR 7 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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|--|--|--|--|---|--|---|--|--|-----------------------------------|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY PETTIS b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 720 West 3rd St. | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PETTIS c. CITY OR TOWN SEDALIA d. STREET ADDRESS (If outside, give location) 720 West 3rd St. | | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First JOHN Middle THOMAS Last HAYWORTH | | | | 4. DATE OF DEATH Month March Day 3 Year 1960 | | | | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH 9/14/1879 | | 9. AGE (last birthday) 80 | | 10. UNDER 1 YEAR Months _____ Days _____ | | 11. UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | | | | 11. BIRTHPLACE (City and state or county) Iowa | | 12. CITIZEN OF WHAT COUNTRY USA | | | |
| 13a. FATHER'S NAME Riley Hayworth | | | | 13b. MOTHER'S MAIDEN NAME Laura Thomas | | | | 14. NAME OF HUSBAND OR WIFE Eva Fletcher | | | | | |
| 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. Maggie Hayworth, Sedalia, Mo. | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal phase condition given in PART I (a) <u>Stroke 10 or 12 yrs</u> | | | | | | | | 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 form if any) <u>Myocardial infarction, prob. atherosclerosis</u> | | | | | | | | | |
| 20c. TIME OF INJURY Hour _____ 4.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 <u>30/1953</u> to <u>3/3/60</u> and last saw him alive on <u>3/3/60</u> . Death occurred at <u>8:30 AM</u> on <u>3/3/60</u> at the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Thomas B. Day M.D. | | | | | | 22b. ADDRESS Sedalia, Mo. | | | 22c. DATE SIGNED 3/4/60 | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Mar 5, 1960 | | 23c. NAME OF CEMETERY OR CREMATORY Houstonia | | | | 23d. LOCATION (City, town, or county) (State) Houstonia, Missouri | | | | | |
| 24. FUNERAL DIRECTOR _____ Address _____ | | | | | | 25. DATE RECD. BY LOCAL REG. 3-5-1960 | | 26. REGISTRAR'S SIGNATURE Frances Shelby | | | | | |

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.