URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 29 1960

60-009810
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 35

ENDED

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar
Length of stay in 1b: 6 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Barton
c. CITY OR TOWN Lamar
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 700 East 10th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: RITA Middle: ALLENE Last: HAYWARD

4. DATE OF DEATH Month: March Day: 24, Year: 1960

5. SEX: F.

6. COLOR OR RACE: W.

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: May 26, 1953

9. AGE (last birthday): 6

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Grade School

11. BIRTHPLACE (City and state or country): Lamar, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Allen Hayward

13b. MOTHER'S MAIDEN NAME: Rita Kleman

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Allen Hayward, Lamar, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH: approximately 2 months
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): Thrombocytopenic Purpura

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 3-18-60, to 3-24-60 and last saw her ~~him~~ alive on 3-24-60
Death occurred at 4:50 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas Farrell (Degree or title) M.D.

22b. ADDRESS 1204 Gregg St - Lamar, Missouri

22c. DATE SIGNED 3-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Mar. 26, 1960

23c. NAME OF CEMETERY OR CREMATORY: St. Mary

23d. LOCATION (City, town, or county) (State): Lamar, Missouri

24. FUNERAL DIRECTOR ADDRESS: Chiles Funeral Home, Lamar, Mo.

25. DATE RECD. BY LOCAL REG.: MAR 25 '60

26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER MAR 29 1960

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 _____ Signed Clarence W. Chile

Signature of Student Embalmer

Licensed Embalmer No. 3 4 7

P. O. Address Lamar Mo

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