

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012074

FILED VS APR 6 1960
 ENDED

Registration District No. 275 Primary Registration District No. 5941 Registrar's No. 67

STATE FILE NUMBER

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla..Rural.. Miller | Length of stay in 1b 25 Yrs. | c. CITY OR TOWN Rolla Rural | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home..Route 3 | | d. STREET ADDRESS (If outside, give location) Route 3 | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First CHARLES Middle MARTIN Last HAYES | 4. DATE OF DEATH Month March Day 31 Year 1960 |
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|--------------------|-------------------------------|---|----------------------------------|----------------------------------|---|----------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-3-1916 | 9. AGE (last birthday) 44 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter-Painter | 10b. KIND OF BUSINESS OR INDUSTRY Building | 11. BIRTHPLACE (City and state or country) Beulah, Missouri | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME John F. Hayes | 13b. MOTHER'S MAIDEN NAME Mattie Yowell | 14. NAME OF HUSBAND OR WIFE Never Married. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, W. #2 | 16. SOCIAL SECURITY NO. W.W. No. 2 | 17. INFORMANT Address Mo., Mrs Mattie Hayes, Rt. 3, Rolla, |
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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: IMMEDIATE CAUSE (a) Fracture of Cervical Vertebrae | | INTERVAL BETWEEN ONSET AND DEATH Immediate |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) fall | |
| | DUE TO (c) | |

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| 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 type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) fall down stairs in home |
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|------------------------------------|---------------------|------------------|
| 20c. TIME OF INJURY 1:30 AM | Hour 3-31-60 | Month, Day, Year |
|------------------------------------|---------------------|------------------|

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|---|--|---|----------------------|-----------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION Rolla | COUNTY Phelps | STATE MO |
|---|--|---|----------------------|-----------------|

21. I attended the deceased from _____ to _____ and last saw him/her alive on **3-31-60**.
 Death occurred at **1:30A** m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Disagree or title) S. B. Miller, Registrar | 22b. ADDRESS Rolla, Mo., | 22c. DATE SIGNED 4/1/60 |
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|---|--------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE April 3, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens | 23d. LOCATION (City, town, or county) (State) Rolla, Missouri. |
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| 24. FUNERAL DIRECTOR Paul E. Gull, Rolla, Mo. | 25. DATE RECD. BY LOCAL REG. April 1, 1960 | 26. REGISTRAR'S SIGNATURE Nadene L Stoll |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 8 4 11:27

APR 8 1960

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 Paul E. Nutt

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.