

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012179

FILED VS MAR 21 1960

Registration District No. 294 Primary Registration District No. 6010 Registrar's No. 3 73 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Super Creek</u>		Length of stay in lb <u>1 1/2 years</u>		c. CITY OR TOWN <u>Moberly</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moberly R.F.D. #3</u>				d. STREET ADDRESS (If outside, give location) <u>R.F.D. #3</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GILMER</u> Middle <u>D.</u> Last <u>HAYES</u>				4. DATE OF DEATH Month <u>March</u> Day <u>8</u> Year <u>1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-29-1891</u>	
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, none if retired) <u>Chef</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Shepherd Illinois</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Johnathon Hayes</u>				13b. MOTHER'S MAIDEN NAME <u>Mabel Mae Blivens</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Hayes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>361-07-6615</u>		17. INFORMANT <u>Mrs. Gilmer D. Hayes Moberly Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Cardio Vascular Hypertension</u> DUE TO (c) <u>6 yrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)						INTERVAL BETWEEN ONSET AND DEATH	
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	
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 <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 1-59</u> to <u>March 8-60</u> and last saw her/him alive on <u>March 8-60</u> Death occurred at <u>March 8-60 1230A</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>D. J. Bunnell D.O.</u> (Degree or title)				22b. ADDRESS <u>Moberly Mo</u>		22c. DATE SIGNED <u>3-9-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar-10-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo</u>				25. DATE RECD. BY LOCAL REG. <u>5-10-68</u>		26. REGISTRAR'S SIGNATURE <u>Leah Blamer</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 12 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 _____
Signature of Student Embalmer

Signed R. M. Cater

Licensed Embalmer No. 4117
P. O. Address Moberly 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.