

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-014498

State File No.

FILED VS MAY 10 1960

BIRTH NO. ~~3~~ REG. DIST. NO. ~~4082~~ PRIMARY REG. DIST. NO. 4082 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Bogard</u>		c. LENGTH OF STAY (In this place) <u>16 yrs</u>	c. CITY OR TOWN <u>Bogard</u> ⁰¹⁷⁰
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 90</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>City</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u> b. (Middle) <u>Montgomery</u> c. (Last) <u>Hayes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2, 1960</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 23, 1879</u>	9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>80</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hill Township</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Matthew Hayes</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Wooden</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Pinkerton Hayes</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Hayes, Bogard, Mo.</u>	ADDRESS <u>Bogard, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of of old age.</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Time and hard work.</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>794X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 1, 1960, to May 2, 1960, that I last saw the deceased alive on May 1, 1960 and that death occurred at 4:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Hamilton Stator, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Carroll ton, Missouri.</u>	23c. DATE SIGNED <u>May 3/60</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 4, 1960</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clona Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bogard, Carroll, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/4/60</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Discern Funeral Home, Bogard, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Samuel Martin Rice*.....

Licensed Embalmer No. *5087*.....

P. O. Address *Bogard, 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.