

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017983

FILED VS MAY 2 1960 322

Registration District No. _____ Primary Registration District No. 3071 Registrar's No. 33

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		Length of stay in lb 18 Yrs.		c. CITY OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 626 Watts St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 626 Watts St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOSEPHINE Middle HAYES Last HAYES				4. DATE OF DEATH Month April Day 22 Year 1960					
5. SEX Female		6. COLOR OR RACE Negroe		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-20-1873		9. AGE (last birthday) 86 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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Dalton, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Ambros Jackson			13b. MOTHER'S MAIDEN NAME Easter (DK)			14. NAME OF HUSBAND OR WIFE Walter Hayes			
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 Address Willard Hayes, Slater, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential hypertension DUE TO (c) Generalized arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH 7 hrs. Years Years		
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 checked="" 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 _____ a.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 February 1948 to April 22, 1960 and last saw her her alive on April 22, 1960 Death occurred at 7 P. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C.A. McBurney, M.D. (Degree or title)				22b. ADDRESS Slater, Mo.			22c. DATE SIGNED 4/25/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-26-1960		23c. NAME OF CEMETERY OR CREMATORY Mount Moriah		23d. LOCATION (City, town, or county) (State) Slater, Missouri			
24. FUNERAL DIRECTOR ADDRESS Haines Funeral Home, Slater, Mo.				25. DATE RECD. BY LOCAL REG. 4-25-60		26. REGISTRAR'S SIGNATURE Mrs. Raymond Brane			

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 Walter J. Haines,

Licensed Embalmer No. 4557

P. O. Address Slater, N

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.