

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 6 1960

-60-023971

IDED

Registration District No. 264 Primary Registration District No. \_\_\_\_\_ Registrar's No. 40 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ozark</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Big Creek Twsp</b>		Length of stay in 1b <b>4 years</b>		c. CITY OR TOWN <b>Ocie</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Farm</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>E.</b> Last <b>Hays</b>				4. DATE OF DEATH Month <b>6-</b> Day <b>27-</b> Year <b>1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-9-1888</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Electrician</b>		11. BIRTHPLACE (City and state or country) <b>Saline Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>	
13a. FATHER'S NAME <b>Andrew Hays</b>		13b. MOTHER'S MAIDEN NAME <b>Sadie Piper</b>		14. NAME OF HUSBAND OR WIFE <b>Lucille</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>510-07-2694</b>		17. INFORMANT Address <b>Mrs Lucille Hays, Ocie, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>RENAL FAILURE</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 day</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>MALNUTRITION - DEHYDRATION</b>						<b>1 mo.</b>	
DUE TO (c) <b>CARCINOMA OF LUNG - PRIMARY</b>						<b>8-12 mo.</b>	
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 _____ 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 <b>10/6/58</b> to <b>6/27/60</b> and last saw her <b>live</b> on <b>6/23/60</b> Death occurred at <b>9<sup>20</sup> AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Arthur L. Beard, Jr.</b>				22b. ADDRESS <b>Gainesville, Mo.</b>		22c. DATE SIGNED <b>6/29/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-30-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lutie</b>		23d. LOCATION (City, town, or county) (State) <b>Ozark Col Missouri</b>	
24. FUNERAL DIRECTOR <b>Clinkingbeard, Gainesville, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>6/29/60</b>		26. REGISTRAR'S SIGNATURE <b>Thana Mahan</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 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

*John R. Zurey*

Licensed Embalmer No. 4885

P. O. Address Gainesville

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