

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 25 1960

=60-030391

STATE FILE NUMBER

Registration District No. 147 Primary Registration District No. 4236 Registrar's No. 93

INDEXED

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

3. NAME OF DECEASED (Type or print) First ROY Middle ALEC Last HAYDEN			4. DATE OF DEATH Month AUG Day 12 Year 1960			
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 9-7-1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MATE		10b. KIND OF BUSINESS OR INDUSTRY BARBE-LINES		11. BIRTHPLACE (City and state or country) WARSAW, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN J HAYDEN		13b. MOTHER'S MAIDEN NAME THERISA BAUMAN		14. NAME OF HUSBAND OR WIFE ✓		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWT		16. SOCIAL SECURITY NO. 489-16-8994	17. INFORMANT SOUTHERN FUNERAL HOME	Address ST LOUIS MO
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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:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary thrombosis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute asthma DUE TO (c) _____			
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 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at **6:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. A. Hawell Coroner	22b. ADDRESS Ironton, Mo.	22c. DATE SIGNED 8/15/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Aug 14, 1960	23c. NAME OF CEMETERY OR CREMATORY JEFFERSON BRKS	23d. LOCATION (City, town, or county) (State) JEFFERSON BRKS, MO
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24. FUNERAL DIRECTOR ADDRESS GISH FUNERAL HOME PIEDMONT, MO.	25. DATE RECD. BY LOCAL REG. Aug. 15, 1960	26. REGISTRAR'S SIGNATURE Mrs. Alice Jones
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 25 1960

APR 25 1961

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 Me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maven E. Bowles

Licensed Embalmer No. 442
P. O. Address Pedmont

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