RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

-60-031200
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 78

DED

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon, Mo. — Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Boone
c. CITY OR TOWN Columbia — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 214 S. Fourth — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JAY Middle Last Hayes

4. DATE OF DEATH: Month Sept Day 3 Year 1960

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec 3, 1890
9. AGE (last birthday) 67-69
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)
10b. KIND OF BUSINESS OR INDUSTRY Salesman
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Etheldred J. Hayes
13b. MOTHER'S MAIDEN NAME Julia Ann Patterson
14. NAME OF HUSBAND OR WIFE Lucible

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-07-2996
17. INFORMANT Mo. State Sanatorium Address Mt Vernon Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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)
Pulmonary tuberculosis, far advanced.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 admitted 8-25-60 to 9-3-60 and last saw her/him alive on 9-3-60
Death occurred at 10:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C E Hellweg M.D.
22b. ADDRESS Mt. Vernon, Mo.
22c. DATE SIGNED 9-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-6-60
23c. NAME OF CEMETERY OR CREMATORY Salsbury Cemetery
23d. LOCATION (City, town, or county) Salsbury (State) Mo

24. FUNERAL DIRECTOR Max L Fouratt ADDRESS Mt Vernon Mo
25. DATE RECD. BY LOCAL REG. 9-5-60
26. REGISTRAR'S SIGNATURE H O Fouratt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT Bible record

BY AFFIDAVIT OF wife

SEP 16 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_____ Signed Max L Foorest

Signature of Student Embalmer

Licensed Embalmer No. 4252

P. O. Address Mt Vernon

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