

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035540

FILED VS SEP 19 1960

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 62

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California, Mo Walker</u>		Length of stay in 1b <u>4 Yrs</u>		c. CITY OR TOWN <u>California, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home- 600 Versailles</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>600 Versailles</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Letha</u> Middle <u>Belle</u> Last <u>Hays</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>15</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/10/96</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>I. G. Morrow</u>			13b. MOTHER'S MAIDEN NAME <u>Lily Wilburn</u>			14. NAME OF HUSBAND OR WIFE <u>Quincey Hays</u>		
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>4-88-42-8807</u>		17. INFORMANT <u>Mr. Lucille Hays</u> Address <u>382 Birch Street</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure Cardiovascular Disease</u> DUE TO (b) <u>Chronic Bronchitis Asthma & Emphysema</u> DUE TO (c) <u>25 years</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1930</u> to <u>Aug 15 1960</u> last saw her alive on <u>Aug 12 1960</u> Death occurred at <u>7:45 P.</u> on the date stated above, and to the best of my knowledge from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Edgar A. Kubel</u>				22b. ADDRESS <u>California Mo</u>			22c. DATE SIGNED <u>8/15/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/18/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) <u>California, Mo</u>				
24. FUNERAL DIRECTOR <u>Bowlin Funeral Home-California, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>8/18/60</u>		26. REGISTRAR'S SIGNATURE <u>Helmut Papeyoy</u>			

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 Frank Bonlein

Licensed Embalmer No. 219

P. O. Address Califon

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.