

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-041823

FILED IN DEC 15 1960

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 133

ENDED

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri COUNTY Reynolds									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b		c. CITY OR TOWN Bunker		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) XX		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Curtis Middle Clinton Last Hayes				4. DATE OF DEATH Month Dec Day 5 Year 1960									
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-8-76		9. AGE (last birthday) 84		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) farmer				10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME Gallent Hayes				13b. MOTHER'S MAIDEN NAME Nancy Jane Hayes				14. NAME OF HUSBAND OR WIFE Sarah Aldridge					
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. X		17. INFORMANT Address Ernest Hayes Bunker Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Bronchial Pneumonia										INTERVAL BETWEEN ONSET AND DEATH 2 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute virus infection										9 days			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocarditis, far advanced arterio-sclerosis								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 11-27-60 to 12-5-60 and last saw ^{XXXX} him alive on 12-5-60				Death occurred at 6 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R. E. Harland (Degree or title)					22b. ADDRESS Ironton, Missouri					22c. DATE SIGNED 12-9-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-8-60		23c. NAME OF CEMETERY OR CREMATORY Lower Bee Fork Cem			23d. LOCATION (City, town, or county) (State) Reynolds County Mo						
24. FUNERAL DIRECTOR Spencer Funeral Home Inc ADDRESS				25. DATE RECD. BY LOCAL REG. 12-9-60		26. REGISTRAR'S SIGNATURE Mrs. Ann Jones							

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl W. Jones

Licensed Embalmer No. 23

P. O. Address Salmon

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