

FEDERAL BUREAU OF INVESTIGATION FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045104

STATE FILE NUMBER

FILED VS DEC 19 1960

Registration District No. 30 Primary Registration District No. 5101 Registrar's No. 48

ENDED

1. PLACE OF DEATH a. COUNTY <u>Benton</u> <i>Alexander Twp</i> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfield</u> Length of stay in 1b <u>2 yrs.</u> c. FULL NAME OF (if NOT a hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BENTON</u> c. CITY OR TOWN <u>FAIRFIELD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS _____ (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Fountain Hays</u>				4. DATE OF DEATH Month Day Year <u>Dec 13 1960</u>					
5. SEX <u>Male</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>Dec 19, 1884</u>		9. AGE (last birthday) <u>75</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>24</u> IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Benton</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Morgan Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James D. Hays</u>				13b. MOTHER'S MAIDEN NAME <u>Wilinda Stodgell</u>		14. NAME OF HUSBAND OR WIFE <u>Delpha Hays</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year & dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>495-05-6464</u>		17. INFORMANT Address <u>Delpha Hays Fairfield, Mo</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>Cerebral infarction, multiple</u> DUE TO (b) <u>Arteriosclerosis (generalized)</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiplegia; Azotemia; anemia</u>						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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 <u>1958</u> to <u>1960</u> and last saw ^{him} live on <u>12/12/60</u> Death occurred at <u>3:30 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>E. Rhodes, M.D.</u>				22b. ADDRESS <u>Warsaw Missouri</u>			22c. DATE SIGNED <u>12/14/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 16, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Syracuse Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Syracuse Morgan Co, Mo</u>			
24. FUNERAL DIRECTOR ADDRESS <u>John J. Reser Warsaw</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 16 - 1960</u>		26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</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

John A. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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