MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-001146
STATE FILE NUMBER

FILED VS JAN 24 1961

Registration District No. 138 Primary Registration District No. 5524 Registrar's No. 38

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Hickory
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jordan Township — Length of stay in 1b 53 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 9 Mi. N.E. Cross Timbers — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Hickory
c. CITY OR TOWN Jordan Township — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 9 Miles N.E. of Cross Timbers — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Robert Middle Ray Last Hayden
4. DATE OF DEATH Month Day Year JAN 15-1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-30-1878
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months 9 Days 10 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Macon Co, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George F. Hayden
13b. MOTHER'S MAIDEN NAME Evelyn Griffith
14. NAME OF HUSBAND OR WIFE Gracie A. Hayden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT R.E. Hayden Address Cross Timbers, 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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cancer of Spleen — unknown
DUE TO (c) Senility
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. ☐ 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 Dec. 4, 1960 to ~~Dec.~~ Jan 15, 1961 and last saw her/him alive on ~~Dec.~~ Jan. 14, 1961
Death occurred at 6 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.E. Briggs, D.O.
22b. ADDRESS Wheatland Mo.
22c. DATE SIGNED 1-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-18-1961
23c. NAME OF CEMETERY OR CREMATORY Hayden Cemetery
23d. LOCATION (City, town, or county) (State) Hickory Co, Mo

24. FUNERAL DIRECTOR Gilbert Hathaway ADDRESS Wheatland, Mo
25. DATE RECD. BY LOCAL REG. Jan. 19-1961
26. REGISTRAR'S SIGNATURE May Johnson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Chas Gilbert Galloway

Licensed Embalmer No. 4267

P. O. Address Cambridge, Md

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.