

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035715
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 295

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED OCT 23 1961

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville Length of stay in lb yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1501-S-Filmore Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STAT Missouri b. COUNTY Adair
c. CITY OR TOWN Kirkville Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1501-S-Filmore Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
DALE HAYWARD
4. DATE OF DEATH Month Day Year
October 9, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-8-1896 9. AGE (last birthday) 67 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) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Shoe Store 11. BIRTHPLACE (City and state or country) Adair Co. Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James A. Hayward 13b. MOTHER'S MAIDEN NAME Clara Painter 14. NAME OF HUSBAND OR WIFE Marie Kropt Hayward

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. 17. INFORMANT Address Mrs. Dale Hayward, Kirkville, 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) Metastatic Carcinoma Liver INTERVAL BETWEEN ONSET AND DEATH 2 yrs
DUE TO (b) Adenocarcinoma Colon 6 months
DUE TO (c)
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) Paralysis Apatous
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 1956 to oct 9, 1961 and last saw him alive on oct 9, 1961
Death occurred at 11:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. L. Luteneker D.O. 22b. ADDRESS Kirkville Mo 22c. DATE SIGNED 10-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-12-1961 23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery 23d. LOCATION (City, town, or county) (State) Kirkville, Missouri

24. FUNERAL DIRECTOR ADDRESS Davis & Davis, Kirkville, Mo. 25. DATE RECD. BY LOCAL REG. 10-16-61 26. REGISTRAR'S SIGNATURE Dore W. Ratoff

M. T. GUTEN SOHN, D.O.

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 Robert B. Jarvis

Licensed Embalmer No. 4219

P. O. Address Kirkville, Mo.

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.