MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-007533
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 11

FILED FEB 21 1962

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 Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lucerne — Length of stay in 1b: 1 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Putnam
c. CITY OR TOWN Lucerne — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Judith Middle Marie Last Hayden
4. DATE OF DEATH: Month Feb. Day 11, Year 62
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-7-62
9. AGE (last birthday): -
IF UNDER 1 YEAR: Months - Days 4
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Unionville, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Clifford M. Hayden
13b. MOTHER'S MAIDEN NAME: Bobby Jean Ludlow
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Clifford M. Hayden-Lucerne, 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) Carfiloculare
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congenital heart
DUE TO (c) deformity
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): hypostatic pneumonia

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 2-7-62 to 2-11-62 and last saw her alive on 2-10-62
Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. W. McDonald DO
22b. ADDRESS: Unionville, Mo.
22c. DATE SIGNED: 2-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): B
23b. DATE: 2-13-62
23c. NAME OF CEMETERY OR CREMATORY: Ravanna, Mo. Cem.
23d. LOCATION (City, town, or county) (State): Ravanna, Mo.

24. FUNERAL DIRECTOR ADDRESS: F.O.Husted & Son-Unionville, Mo.
25. DATE RECD. BY LOCAL REG.: 2-13-62
26. REGISTRAR'S SIGNATURE: Marvell Durbin

(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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.