

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021646  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 19

**FILED JUN 7 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Shelby</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>                                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Shelbina</u>   |   | c. CITY OR TOWN <u>Shelbina</u>   |  |
| Length of stay in lb <u>47 Yrs.</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>404 Myers St.</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>404 Myers St.</u>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Leona</u> Middle <u>Pearl</u> Last <u>Hayes</u>  |   | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>31</u> Year <u>1962</u>   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH <u>Sept. 25, 1883</u>                                     |
| 9. AGE (last birthday) <u>78</u>   |   | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Shelby County, Mo.</u>    |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   | 13a. FATHER'S NAME <u>Gillum Hopper</u>   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Dove</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Everett Hayes</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><u>Everett Hayes, Shelby, Missouri</u>  |   | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of pancreas</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 mo.</u>                           |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arteriosclerosis.</u>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____                   |
| 21. I attended the deceased from <u>Jan 1956</u> to <u>present</u> and last saw her/him alive on <u>May 31, 1962</u><br>Death occurred at <u>7:15 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><u>Charles Lichtsman</u> (Degree or title)   |   | 22b. ADDRESS<br><u>Shelbina, Missouri</u>   | 22c. DATE SIGNED<br><u>6/1/62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>June 2, 1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Shelbina Cemetery</u>  | 23d. LOCATION (City, town, or county)<br><u>Shelbina, Missouri</u> (State) |
| 24. FUNERAL DIRECTOR<br><u>Hayes Funeral Home, Shelbina, Mo.</u> ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><u>June 2, 1962</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Marianne Simpson</u>  |  |

USE BLACK INK OR TYPEWRITER RIBBON

Permit Obtained 6-2-62

**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 Charles V. Greening

Licensed Embalmer No. 4625

P. O. Address Clarence 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.