

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023787

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 128

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0550

2 0670

3 1

4 0

5 3

6

7 1

8 1

9 199-2A

10

11

12 93-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

18 II

BY AFFIDAVIT OF Attendant

8/23/62

(Added)

Pulmonary tuberculosis

DOCUMENT

MEDICAL CERTIFICATION

1. <b>FULL NAME</b> <u>WILLIAM VIRGIL HAYDEN</u> <b>DATE OF DEATH</b> <u>JUL 11 1962</u>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Lawrence</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Mississippi</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u>		Length of stay in lb <u>5 days</u>	c. CITY OR TOWN <u>Charleston</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>Rt. 1</u> (If outside, give location) <u>4 Miles south of Wyatt, Mo.</u>
3. <b>NAME OF DECEASED</b> (Type or print) <u>William</u> <u>Virgil</u> <u>Hayden</u>		4. <b>DATE OF DEATH</b> <u>July 5, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>1-31-09</u>
9. AGE (last birthday) <u>53</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Robert L. Hayden</u>	
13b. MOTHER'S MAIDEN NAME <u>Minnie Pearl Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>Iva Mae</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT <u>Hospital record (by son)</u>		Address	
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Carcinomatosis, liver and lymph nodes</u>			<u>unknown</u>
DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Peptic ulcer, chronic, active</u>			PART III. If deceased was female was there a pregnancy in last 90 days.
<u>Pulmonary tuberculosis</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year			
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>June 30, 1962</u> to <u>July 5, 1962</u> and last saw him <sup>live</sup> on <u>July 5, 1962</u>			
Death occurred at <u>8:25 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. Lewis Galt, M.D.</u>		22b. ADDRESS <u>Missouri State Sanatorium, Mt. Ver.</u>	22c. DATE SIGNED <u>7-5-62</u>
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 8, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u>	23d. LOCATION (City, town, or county) (State) <u>near East Prairie, Mo.</u>
24. FUNERAL DIRECTOR <u>Mc Mickle</u> ADDRESS <u>Charleston, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-10-62</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Elgin McMurke

Licensed Embalmer No. 4695

P. O. Address Charleston, 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.