MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023809

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 62

FILED JUL 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0561
2 0561
3 2
4 0
5 1
6
7 0
8 2
9 332 X
10
11
12 90-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Canton
Length of stay in Ib: 55 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At home
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN: Canton
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 610 College
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Earl Middle: Nathan Last: Hayden

4. DATE OF DEATH: Month: June Day: 24 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 3-13-1882

9. AGE (last birthday): 80
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: Furniture dealer

11. BIRTHPLACE (City and state or country): Frankford, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Barton Haden

13b. MOTHER'S MAIDEN NAME: Mary Ann Hostetter

14. NAME OF HUSBAND OR WIFE: Prudence Hedgcock

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: Mrs. Earl N. Hayden, Canton, 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): LEFT VENTRICULAR FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 20 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): CEREBRAL MEDULLARY ANOXIA AND PROGRESSIVE MYOCARDIAL DECOMPENSATION — 20 DAYS

DUE TO (c): RX CEREBRAL THROMBOSIS (PROGRESSIVE) [AND RECURRENT INFLAMMATORY ARTHRITIS] [1 YEAR]

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

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. 1961, to JUNE 24-1962 and last saw ~~her~~ him alive on JUNE 21 1962

Death occurred at 5 15 p.m. C.D.T. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ralph H. Hayden D.O. (Degree or title)

22b. ADDRESS: 519 W. MAIN ST. ROLLING GREEN, MO.

22c. DATE SIGNED: 6/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 27, 1962

23c. NAME OF CEMETERY OR CREMATORY: Forest Grove

23d. LOCATION (City, town, or county) (State): Canton, Lewis Co. Mo.

24. FUNERAL DIRECTOR: Earl H. Buckley, Canton, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG.: 7-6-'62

26. REGISTRAR'S SIGNATURE: Mrs. Henry Lloyd

(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 Earl H Buckley

Licensed Embalmer No. 2615

P. O. Address Sanford, 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.