

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034559

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 78

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 8 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Length of stay in 1b 20 yrs	c. CITY OR TOWN Fayette
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 404 N. Church St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 404 N. Church St.
3. NAME OF DECEASED (Type or print) First ELMA Middle ELNORE Last HAYES		4. DATE OF DEATH Month Sept. Day 30 , Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/29/1865
9. AGE (last birthday) 97		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Howard Co. Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Heberling	
13b. MOTHER'S MAIDEN NAME Fannie Wilkerson		14. NAME OF HUSBAND OR WIFE Daniel J. Hayes	
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. None	17. INFORMANT Address Opal Louise Hayes Fayette, 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) Coronary Thrombosis DUE TO (b) Chr. Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 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>Sept 29-62</u> to <u>9-30-62</u> and last saw her alive on _____ Death occurred at <u>12:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wa. Bloom M.D.		22b. ADDRESS Fayette Mo	
22c. DATE SIGNED 10-4-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/1/62	23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery Fayette, Mo	
24. FUNERAL DIRECTOR Ralph A. Carr		ADDRESS Fayette, Mo	25. DATE RECD. BY LOCAL REG. 10-4-62
		26. REGISTRAR'S SIGNATURE Katherine Welch	

