

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-050579**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 6207 Registrar's No. 150

**FILED DEC 24 1963**

VS 300  
Rev. 4/59

1 1070

2 1070

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9 420.1

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12 90-3

13 40

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Texas</u>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Texas</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Ellis Prairie</u> |  | c. CITY OR TOWN <u>Ellis Prairie</u>   |  |
| Length of stay in lb  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br><u>None</u>                |  | d. STREET ADDRESS (If outside, give location)<br><u>None</u>   |  |
| Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>         |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |

|   |                             |   |   |   |   |
|---|-----------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Robert</u> Middle <u>Fred</u> Last <u>Hayes</u>                       |                             |   | 4. DATE OF DEATH<br>Month <u>Dec</u> Day <u>15</u> Year <u>1963</u> |   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OF RACE <u>Wht</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<br><u>4/24/1927</u>                                | 9. AGE (last birthday)<br><u>36</u>         | IF UNDER 1 YEAR<br>Months <u>7</u> Days <u>22</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>         |                             | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Houston Mo</u>     |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. I.</u>    |
| 13a. FATHER'S NAME<br><u>Herman Hayes</u>   |                             | 13b. MOTHER'S MAIDEN NAME<br><u>Etta Haney</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Betty</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.<br><u>[redacted]</u>  |   | 17. INFORMANT<br><u>[redacted]</u>          |   |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause of death)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>probable coronary occlusion</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>15 min.</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>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)            |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input 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 <u>ON</u> Month, Day, Year <u>12-15-63</u>  | 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<br><u>Abbeville, Mo</u>   |  |
| 20g. COUNTY   |   | 20h. STATE   |  |
| 21. I <u>VIEWED</u> the deceased <u>ON</u> <u>12-15-63</u> to <u>her</u> and last saw <u>him</u> alive on <u>3:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.<br>Death occurred at <u>APPROX.</u> |   |  |  |

|  |                              |  |  |  |
|--|------------------------------|--|--|--|
| 22a. SIGNATURE<br><u>James R. [redacted] (Coroner)</u>     |                              | 22b. ADDRESS<br><u>Abbeville, Mo.</u>                      |  | 22c. DATE SIGNED<br><u>12-18-63</u>              |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 23b. DATE<br><u>12-17-63</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Ellis Prairie</u> | 23d. LOCATION (City, town, or county) (State)<br><u>1 1/2 mi East of Ellis Prairie, Mo</u> |  |
| 24. FUNERAL DIRECTOR<br><u>L. F. Evans</u>                 |                              | 25. DATE RECD. BY LOCAL REG.<br><u>12-19-63</u>            |  | 26. REGISTRAR'S SIGNATURE<br><u>Myrtle Craig</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

15700-102

100-100-100

1.084

5-38

**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 *J. Will C. Craig*

Licensed Embalmer No. 4766

P. O. Address *Mtn Grove*

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.