

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68 0007530

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

Registration District No.

FILED FEB 26 1968

1. PLACE OF DEATH

a. COUNTY

Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Henry

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Windsor

Length of stay in 1b

7 days

c. CITY

OR  
TOWN

Windsor

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Windsor hospital

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

107 S. Windsor

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

MATTHEW

A.

HAYS

4. DATE  
OF  
DEATH

Month

Day

Year

February 7, 1968

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-31-68

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Windsor, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Daniel F. Hays

13b. MOTHER'S MAIDEN NAME

Carole D. Shively

14. NAME OF HUSBAND OR WIFE

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15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

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16. SOCIAL SECURITY NO.

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17. INFORMANT

Address

Mr. Daniel F. Hays Windsor, 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)

Medullary depression due to anoxia

INTERVAL BETWEEN  
ONSET AND DEATH

minutes

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

DUE TO (b)

toxemia

12 hrs.

DUE TO (c)

Lobar Pneumonia

20 hrs

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

Prematurity

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. 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.

Month, Day, Year

p.m.

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 1-31-68 to 2-7-68 and last saw him alive on 2-7-68

Death occurred at 2:32 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A.R. Mason, Jr. D.O.

(Degree or title)

22b. ADDRESS

116 South Main  
Windsor, Mo.

22c. DATE SIGNED

2-9-68

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

2-8-1968

23c. NAME OF CEMETERY OR CREMATORY

St. Stephen's Cemetery

23d. LOCATION (City, town, or county)

Indian Creek, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Huston-Hadley Windsor, Mo.

25. DATE RECD. BY LOCAL REG.

2-23-68

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

308: 35 037 72.174

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 \_\_\_\_\_

Signed \_\_\_\_\_

Signature of Student Embalmer

Licensed Embalmer No. 5220

P.O. Address Windsor, 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.