

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

5514

State File No.

FILED FEB 16 1955

BIRTH NO.		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHILLICOTHE</u>		c. LENGTH OF STAY (in this place) <u>2 WKS</u>		c. CITY OR TOWN <u>LINNEUS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHILLICOTHE HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>0580</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLA</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>HAYES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-1955</u>	
5. SEX <u>1</u> <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>2-21-1865</u>		9. AGE (in years last birthday) <u>91</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 2 WKS: Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIAM CANADA</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH HAZELWOOD</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OPAL POWELL, LINNEUS, MO.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fract of neck of Femur</u> DUE TO (c) <u>nailed - ink pen to death</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>			
19a. DATE OF OPERATION <u>11 Feb 55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fract Femur</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2 Feb, 1955</u> , to <u>12 Feb, 1955</u> , that I last saw the deceased alive on <u>12 Feb 55</u> , and that death occurred at <u>11:55 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>V. D. Vandevan MD</u> (Degree or title)				23b. ADDRESS <u>Chilllicothe Mo</u>		23c. DATE SIGNED <u>14 Feb 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LINNEUS, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-14-55</u>		REGISTRAR'S SIGNATURE <u>Frances B. Kell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers General Home, Linneus, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. 46

P. O. Address Laclede

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.