

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20320**

FILED JUL 2 1956 REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5572** Registrar's No. **208**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Honey Creek</b> )		c. CITY OR TOWN <b>Hartwell</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>3 Yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>Honey Creek, Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>His Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Allen</b>	c. (Last) <b>Hays</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 29, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 13, 1879</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>16</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Paper Hanger &amp; Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>John E. Hays</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Hornback</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>496-16-1920</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. L. H. Flippin, Hartwell, Mo.</b>	ADDRESS
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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) <b>Bronchus pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 day</b> <b>years</b> <b>18 mo</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chronic bi-lateral fibrosis</b>		
	DUE TO (c) <b>cardiac decompensation</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3-13**, **1954**, to **6-29**, **1956**, that I last saw the deceased alive on **6-29**, **1956**, and that death occurred at **2:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. J. Powell</b>	23b. ADDRESS <b>Clinton Mo</b>	23c. DATE SIGNED <b>6/30/56</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 2, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Norris Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Urich, Mo. Rfd. 3,</b>
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DATE REC'D BY LOCAL REG. <b>6-30-56</b>	REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Housart, Clinton, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 13 1956

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 *H. A. Vansant*.....

Licensed Embalmer No. 372

P. O. Address *Clinton,*

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.