FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 6 1949

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39236

Primary Registration District No. 3000

Registrar's No. 377

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

1. PLACE OF DEATH:

(a) County: Adair

(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Nursing Home No. 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 1/2 Years (Specify whether years, months or days)

In this community: 3 1/2 Years

2. USUAL RESIDENCE OF DECEASED: 86

(a) State: Missouri (b) County: Putnam

(c) City or town: Unionville (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: James Edward Hayes

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Don't Know

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: October (Month) 4 (Day) 1861 (Year)

8. AGE: Years 87 Months 2 Days 24 If less than one day hr. min.

9. Birthplace: Putnam County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Laborer

11. Industry or business: Laborer

FATHER
12. Name: David Hayes 9
13. Birthplace: Don't Know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Don't Know
15. Birthplace: Don't Know (City, town, or county) (State or foreign country) 9

16. (a) Informant: C. E. Hayes
(b) Address: Eldora, Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Concord Cemetery

18. (a) Signature of funeral director: Comstock Funeral Home
(b) Address: Unionville, Mo. By John Comstock

19. (a) 12-30-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1948 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb 2, 1947 to Dec 28, 1948; that I last saw him alive on Dec 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sepsis & Circulatory collapse	2 days
Due to: Myocardial failure	years
Due to: Generalized arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: 97

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 2
While at work? (e) Means of injury

23. Signature: M. T. Gutensohn (M. D. or other) 0
Address: Kirksville, Mo Date signed 12-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 1-49-14
Date Filed JAN 4 - 1949

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 Richard Paul Cassady, Registered Apprentice No. 76, working under my personal supervision.

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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 this body is not embalmed, fact should be so stated above.