THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1950

State File No. 29095

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marshall
c. LENGTH OF STAY (In this place) 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fitzgibbon Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marshall 0192
d. STREET ADDRESS (If rural, give location) 550 S Brunswick

3. NAME OF DECEASED (Type or Print)
a. (First) Eugene
b. (Middle) —
c. (Last) Hays

4. DATE OF DEATH (Month) August (Day) 31 (Year) 50

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 6, 1913
9. AGE (In years last birthday) 37 — IF UNDER 1 YEAR Months 2 Days 25 — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Feed Mill
11. BIRTHPLACE (State or foreign country) Su Mc Pon S. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Willie Hays
13b. MOTHER'S MAIDEN NAME Mabel Walker
14. NAME OF HUSBAND OR WIFE Frances Hays
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 499-16-3941
17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Hays ADDRESS Marshall Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolis — INTERVAL BETWEEN ONSET AND DEATH 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Left Fibia and Fibula - communited — E8166
DUE TO (c) open Compound — 25 Days

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1 (1) 91 Saline-rural Mo
21d. TIME OF INJURY (Month) Aug. (Day) 6, (Year) 50 (Hour) 4 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* Aug. 6, 19 50, *to* Aug. 31, 19 50, *that I last saw the deceased alive on* Aug. 30, 19 50, *and that death occurred at* 3:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE C. W. McBurney (Degree or title) M.D.
23b. ADDRESS Slater, Mo.
23c. DATE SIGNED 8/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/3/50
24c. NAME OF CEMETERY OR CREMATORY Odd View Cemetery
24d. LOCATION (City, town, or county) Marshall Saline (State) Mo.

DATE REC'D BY LOCAL REG. Aug-31-1950
REGISTRAR'S SIGNATURE Sidney T. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE George A. Green
ADDRESS Green Funeral Home Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1950

RECEIVED 9/5/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 9/5/50

MAY 7 1951

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 .....

working under my personal supervision. Student Embalmer No. .....

Signed George A. Green

Signed .....
Student Embalmer

Licensed Embalmer No. 4220

P. O. Address Marshall, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.