

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41261

State File No. ....

FILED DEC 21 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5:579 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Memorial</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>3 mos</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3 Box 97</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper 60 T Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Pitts</u> c. (Last) <u>Hayes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11 - 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 11 1873</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Wm. Harris Hayes</u>	13b. MOTHER'S MAIDEN NAME <u>Rutha Tracy</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Hayes</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Stella Hayes</u> ADDRESS <u>Rt # 3 Box 97 Joplin Mo</u>
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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 <u>Secondary Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>MOIX</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 9/20, 1950, to 11/11, 1950, that I last saw the deceased alive on 12/10, 1950, and that death occurred at 12:2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. E. Douglas M.D.</u>	23b. ADDRESS <u>Stubb City Mo</u>	23c. DATE SIGNED <u>12/11/50</u>
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24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/12/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 11 - 50</u>	REGISTRAR'S SIGNATURE <u>E. C. Hutchell M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon</u> ADDRESS <u>Joplin, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0490  
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RECEIVED 12-19-50  
Jasper County Health Office

County File Number 50-12-914

Date Filed 12-19-50

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 .....

Student Embalmer

Signed

Charles E. Frey

Licensed Embalmer No. 4768

P. O. Address Joplin, 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.