

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 23 1953

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

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 263-A		
1. PLACE OF DEATH a. COUNTY <u>Green</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>5 da's</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fair Play, Mo.</u>		<u>0840</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>J.F.B.</u> b. (Middle) <u>(Dock)</u> c. (Last) <u>Hayes</u>			4. DATE OF DEATH Mar. 11 1953		5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 22 1857</u>		9. AGE (In years last birthday) <u>96</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Polk County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George W. Hayes</u>		
13b. MOTHER'S MAIDEN NAME <u>Lucinda Baker</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		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>Mrs Ida Mead</u>		ADDRESS <u>Fair Play Mo.</u>		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) <u>Carcinoma of the Bladder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>(2)</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. <u>Senility</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>181X</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>March 2, 1953</u> , to <u>March 11, 1953</u> , that I last saw the deceased alive on <u>March 10, 1953</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John Williams</u>				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>3-14-53</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>removal</u>		24b. DATE <u>3-11-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Akard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fair Play, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-19-53</u>		REGISTRAR'S SIGNATURE <u>Smith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geneta Barker, Irwin + Blue, Fair Play, Mo.</u>				

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 Oby Lester

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.