

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16943

FILED MAY 19 1953

State File No. 4011

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 2011 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Atchison</u> <u>0030</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson</u> <u>0030</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>June</u>		b. (Middle) <u>DeForest</u>		c. (Last) <u>Hays</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>7</u> <u>1953</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>2/7/1888</u>		9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR <u>3</u> MONTHS <u>0</u> DAYS IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Watson, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>Wm. A. Hays</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Blades</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Hays</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>23-03-4011</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elizabeth Hays</u>		ADDRESS <u>Watson</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>					
		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 <u>4/201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct 1, 1937, to May 1, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Hurdme</u> (Degree or title)		23b. ADDRESS <u>Humbury Ina</u>		23c. DATE SIGNED <u>5-9-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/10/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Creek Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Watson, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5/14/53</u>		REGISTRAR'S SIGNATURE <u>Mabel Schuch Dep Reg</u> <u>433-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartholomew Mortuary, Rockport.</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 23 1959

MAY 27 1959

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.

Signed Ernest Bartholomew

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.