

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4531

State File No.

BIRTH NO. FILED **MAR 1 1954** REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Aurora</u>	d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>17 days</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1, Box 114A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>		0550 / 1	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>TAYLOR</u> c. (Last) <u>HAYDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 23 1954</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>Sept 29, 1881</u>
9. AGE (In years last birthday) <u>72</u>		10a. 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>Farming</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Blanche Mills Hayden</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Blanche Hayden, Aurora, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS	

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(b) KIDNEY FAILURE (UREMIA)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(a) KIDNEY STONES, BILATERAL - 4 YRS</u> DUE TO (c) <u>PROSTATIC OBSTRUCTION</u>	INTERVAL BETWEEN ONSET AND DEATH <u>- 6 Wks</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>602X</u>	UNKNOWN
	*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	

19a. DATE OF OPERATION <u>16 FEB '54</u>	19b. MAJOR FINDINGS OF OPERATION <u>STONES & INFLAMMATION LEFT KIDNEY</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 6 FEB 1954, to 23 FEB 1954, that I last saw the deceased alive on 23 FEB 1954, and that death occurred at 12:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jerry N. Allen M.D.</u>	23b. ADDRESS <u>SPRINGFIELD, MO. 500 HOLLAND BLDG.</u>	23c. DATE SIGNED <u>24 FEB '54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>
24d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>2-24-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jewell E. Wurdle, Springfield, Mo</u>	ADDRESS <u>Bur</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed..... *Gene Hunter*

Licensed Embalmer No. *473*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.