

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6283**
Registrar's No. **1106**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Illinois b. COUNTY 8120	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Harrisburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Barnes Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location) 404 East 4th st.	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle)	c. (Last) HAYES	4. DATE OF DEATH (Month) (Day) (Year)
				1-30-54

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-15-1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) repairman	10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (City and State or Foreign Country) Ozark, Ill.-	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Whit Hayes	13b. MOTHER'S MAIDEN NAME Sarah Throgmorton	14. NAME OF HUSBAND OR WIFE Hallie Hayes
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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) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Hallie Hayes, Harrisburg, Ill.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Shock; Multiple Fractures of Facial Bones; Anesthesia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. occurred in automobile accident near Harrisburg, Illinois about 1100 pm Jan 28 1954		
	II. OTHER SIGNIFICANT CONDITIONS cause and manner of same related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION could not be determined	19c. AUTOPTIC? 812	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Harrisburg Ill
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 28 54 11:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 58259
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:20** p.m., from the causes and on the date stated above. **33**

23a. SIGNATURE (Degree or title) Patriet C. Taylor Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2-2-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Harrisburg, Ill.
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DATE REC'D BY LOCAL REG. FEB 4 1954	REGISTRAR'S SIGNATURE J. Earl Smith Md	25. FUNERAL DIRECTOR'S SIGNATURE Harrisburg F.H.	ADDRESS Harrisburg, Ill.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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.