

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25975

BIRTH NO. _____ REG. DIST. NO. 346 PRIMARY REG. DIST. NO. 6151 Registrar's No. 65

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elk) | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Residence | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elk) | |
| | | d. STREET ADDRESS (If rural, give location) R.F.D. #1, Bernie, Mo. | |

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|--|------------------------|---|---|--|----------------------------|------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | |
| a. (First) John | | | b. (Middle) P. | | | |
| c. (Last) Hayes | | | Date (Month) (Day) (Year) July 20, 1954 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Dec. 25, 1859 | 9. AGE (in years last birthday) 94 | 10. IF UNDER 1 YEAR Days 6 | 11. IF UNDER 24 HRS. Hours 25 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Henderson County, Tenn. | | 12. CITIZEN OF WHAT COUNTRY? U. S. |

| | | | | | |
|---|--|-----------------------------------|--|---|--|
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Martha | |
| 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. --- | | 17. INFORMANT'S SIGNATURE OR NAME Ed Hayes, Bernie, Mo. R.F.D. #1 | |

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|--|--|-----------------------|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia | | DUE TO (b) _____ | | | 2 days | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility | | | | | | |

| | | | | | | |
|---|--|--|--|---|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 491X | | | 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 July 19, 1954, to July 19, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 4:00 AM, from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|--|--|
| 23a. SIGNATURE F O Kelly DO (Degree or title) | | 23b. ADDRESS Bernie Mo. | | 23c. DATE SIGNED 7-24-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-21-54 | | 24c. NAME OF CEMETERY OR CREMATORY Bernie | |
| | | 24d. LOCATION (City, town, or county) (State) Bernie, Missouri | | | |
| DATE REC'D BY LOCAL REG. 7-28-54 | | REGISTRAR'S SIGNATURE Valma D. Jenkins 409 - 0 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

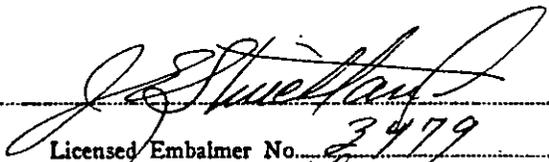
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____


Licensed Embalmer No. 3479

P. O. Address West 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.