

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-020792**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 166

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 27 1963**

VS 300  
Rev. 4/59  
  
10648  
20870  
3  
4 0  
5 0  
6  
7 0  
8 0  
9532  
10  
11  
12 92-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lamar</u> Length of stay in 1b <u>DOA</u>		c. CITY OR TOWN <u>New London</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 3</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Pary Joseph Hayes</u>		4. DATE OF DEATH <u>May 8, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 31, 1943</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lamar, Mo.</u>
13a. FATHER'S NAME <u>Remond Hayes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hull</u>	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT <u>Remond Hayes - New London, Mo.</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Status Epilepticus</u> DUE TO (b) <u>Jacksonian Epilepsy</u> DUE TO (c) <u>Cerebral Vascular Injury</u>			INTERVAL BETWEEN ONSET AND DEATH <u>19 yrs</u> <u>19 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>10-23-52</u> to <u>5-8-63</u> and last saw him <sup>live</sup> on <u>5-13-62</u> . Death occurred at <u>T.B.C.</u> on the date stated above, and to the best of my knowledge, from the causes stated:			
22a. SIGNATURE <u>A. J. Brown</u> (Degree or title)		22b. ADDRESS <u>M.D. 100 N. Sixth Hannibal, Mo.</u>	22c. DATE SIGNED <u>5-13-63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 11, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wood View Cemetery</u>	23d. LOCATION (City, town, or county) <u>Lamar, Mo.</u>
24. FUNERAL DIRECTOR <u>Clark Howard Howe</u> ADDRESS <u>Howe - Hannibal, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 14, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by Debra M. Herman</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 *Ralph G. Lash*

Licensed Embalmer No. 4217

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

*Permit received May 11, 1953*