

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 336 Primary Registration District No. 4494 Registrar's No. 0033902 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300
 Rev. 4/59

1 1010
 2 0910
 3
 4 0
 5 1
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 7 0
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 9 201
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 12 90-3
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

PLACE OF DEATH
 COUNTY Shannon
 CITY Winona

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Ripley
 c. CITY OR TOWN Doniphan Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 404 Locust Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Morgan Roscoe Hayes
 4. DATE OF DEATH Month Day Year
Aug. 18, 1964
 5. SEX M 6. COLOR OR RACE W 7. Married Never Married
 Widowed Divorced
 8. DATE OF BIRTH 12/25/95 9. AGE (last birthday) 68
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Wal Vet.
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Ripley County, Mo. 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Jeff D. Hayes 13b. MOTHER'S MAIDEN NAME Mary C. Jones 14. NAME OF HUSBAND OR WIFE Mary A. Hayes
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I 16. SOCIAL SECURITY NO. 497-14-0556 17. INFORMANT Address Mary Hayes, Long Beach, Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) NATURAL CAUSES
 (b) CORONARY THROMBOSIS PROBABLY
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (c) Frank Jones Coronar of Shannon Mo
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Notified
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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. Month, Day, Year
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank W Jones Coronar 22b. ADDRESS Eminence Mo. 22c. DATE SIGNED 8-28-1964

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/22/64 23c. NAME OF CEMETERY OR CREMATORY Poynor Cemetery 23d. LOCATION (City, town, or county) (State) Poynor, Mo.

24. FUNERAL DIRECTOR ADDRESS Edwards Doniphan, Mo. 25. DATE RECD. BY LOCAL REG. 8-31-1964 26. REGISTRAR'S SIGNATURE Mahe Rose

USE BLACK INK OR TYPEWRITER RIBBON

0081800

SEP 28 1964

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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 Harrent

Licensed Embalmer No. 4809

P. O. Address Naylor, 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.