S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31637

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 69

50

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Crystal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 6 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Crystal City
(If outside city or town limits, write "RURAL")
(d) Street No. 418 Mississippi Ave.
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vida Hayes
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased January (Month) 15 (Day) 1872 (Year)

8. AGE: Years 75 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Livesville (City, town, or county) Pa. (State or foreign country)
10. Usual occupation House work
11. Industry or business own home
FATHER
12. Name unknown Cotton
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Howard Sheakley
(b) Address Crystal City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Livesville, Pa.
18. (a) Signature of funeral director Arthur R. Polittle
(b) Address Crystal City, Mo.
19. (a) Sept. 4, 1947 (Date received local registrar) (b) Olesa Bellinelli (Registrar's signature) 1/4/9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1947 hour 4 minute 45P. M.
21. I hereby certify that I attended the deceased from 8-23-47 19 to 9-4 1947.
that I last saw her alive on 9-4 1947.
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	9 hrs.
Due to: Arteriosclerosis	unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83A

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. H. Donnell (M. D. or other) M.D.
Address Crystal City, Mo. Date signed 9-5-47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 18 1947

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Gentry L. Pilette

Licensed Embalmer No. 3481

P. O. Address Crystal City, N

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.