FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11569

Registration District No. FILED APR 26 1948

Primary Registration District No. 1000

Registrar's No. 431

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rose Leon Nursing Home 624 Prospect Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 9 mos. (Specify whether) 4

In this community (years, months or days): About 9 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Greenwood 109

(c) City or town: Severy (If outside city or town limits, write "RURAL") 111

(d) Street No.: Severy (If rural, give location) 14

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country:

3. (a) PRINT FULL NAME: Lulu H. Hayes

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: J. F. Hayes

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: January (Month) 21 (Day) 1871 (Year)

8. AGE: Years 77 Months 2 Days 20 If less than one day: hr. min.

9. Birthplace: Macoupin County (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation: At Home

11. Industry or business:

FATHER

12. Name: Morris Hilyard

13. Birthplace: Unk (City, town, or county) unk. (State or foreign country) 9

MOTHER

14. Maiden name: Tabitha Misenheimer

15. Birthplace: Unk (City, town, or county) unk. (State or foreign country) 9

16. (a) Informant: Faye Slater

(b) Address: 1302 N-26 St. Joseph Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 4-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Severy, Kansas

18. (a) Signature of funeral director: Stanley Funeral Home

(b) Address: St. Joseph, Missouri

19. (a) 4-19-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 349

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1948 hour 9:30 minute a M.

21. I hereby certify that I attended the deceased from April 1, 1947 to April 11, 1948; that I last saw her alive on April 10, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial failure	1 hr.
Due to: Chronic myocarditis	2 yrs.
Due to: Senility	2 yrs.
Fractured hip	6 wks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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): Accident 131

(b) Date of occurrence: March 7, 1948

(c) Where did injury occur? St. Joseph (City or town), Buchanan (County), Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? nursing home (Specify type of place)

While at work? no (e) Means of injury: fall

23. Signature: Wm Goethaber (M. D. or other) 0

Address: St. Joseph, Mo. Date signed: 4/11/48

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.