

S. No. 2
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27025

Registration District No. 229

Primary Registration District No. 3043

Registrar's No. 271

1. PLACE OF DEATH:

(a) County: MAYION
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LEYENING HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 DYS (Specify whether)

In this community: _____ years, months or days

3. (a) PRINT FULL NAME: Maurice F. Hayes

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: Mable 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: September 7 1905
(Month) (Day) (Year)

8. AGE: Years: 42 Months: 11 Days: 16 If less than one day: _____ hr. _____ min.

9. Birthplace: ST. LOUIS, MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Rubber Plant

11. Industry or business: _____

MOTHER FATHER

12. Name: Morris T Hayes

13. Birthplace: Rolls Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Sarah A. McLaughery

15. Birthplace: ST. JAMES, MO
(City, town, or county) (State or foreign country)

16. (a) Informant: Mable Hayes

(b) Address: Rt 3 Perry, Mo

17. (a) Burial: Burial (b) Date thereof: August 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year) (Yes)

(c) Place: burial or cremation: ST. PAUL BROTHERLY BLDG.

18. (a) Signature of funeral director: James O. Daniel

(b) Address: Hannibal, Mo

19. (a) 8-24-48 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Rolls 87
(c) City or town: Perry
(If outside city or town limits, write "RURAL")
(d) Street No.: R # 3
(If rural, give location)
(e) Citizen of foreign country: _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 23
year: 1948 hour: _____ minute: 8:51 a.m.

21. I hereby certify that I attended the deceased from Aug 13
_____, 1948 to Aug 23, 1948
that I last saw him alive on Aug 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Shock cerebral hemorrhage multiple fractures - left femur

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 1906-8
Of operations: 20

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): an accident

(b) Date of occurrence: Aug. 13, 1948

(c) Where did injury occur: Highway 61, Rolls Co., Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury: _____

23. Signature: John Daniel (M. D. or other)
Address: Rolls, Mo Date signed: 8/24/48

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

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

Call with other M. Daniel

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.....

Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.

Verdict of Jury August 19, 1948.

Came to his Death as result of Collision between Car
Driven by L. O. Calvert + Car Driven by Leo. Semkin.
Also find from Evidence obtained at this hearing that
L. O. Calvert was at fault by reason of his physical
Inability to operate an automobile on Highway.

Signed this 23rd Day of Aug. 1948

James O'Donnell
GOVERNOR OF MAYION COUNTY MO

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