

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36010**

BIRTH NO. _____		REG. DIST. NO. <b>1</b>	PRIMARY REG. DIST. NO. <b>3000</b>	Registrar's No. <b>395</b>	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b>			
b. CITY OR TOWN <b>Kirksvilly, Mo</b>		c. LENGTH OF STAY (If in this place) <b>3 days</b>	c. CITY OR TOWN <b>Quail Hunt 0860</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital &amp; Clinic</b>		d. STREET ADDRESS (If rural, give location) <b>Livonia, Mo.</b>			
3. NAME OF DECEASED (Type or Print) <b>LAUYA</b>		a. (First) <b>FRANCIS</b>	b. (Middle) <b>HINERMAN</b>	c. (Last) _____	
4. DATE OF DEATH (Month) <b>Nov.</b> (Day) <b>8</b> (Year) <b>1950</b>		5. SEX <b>Female</b>			
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>MAY 28, 1869</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>10</b>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>Putnam County, MOO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13. FATHER'S NAME <b>JAMES Hoyle</b>			
14. MOTHER'S MAIDEN NAME <b>Mary Belander</b>		14. NAME OF HUSBAND OR WIFE <b>Simon Hinerman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>1</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dora Jacobs</b> ADDRESS <b>Bloomfield</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Auricular fibrillation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>uremia</b> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>2:30 11-8-50</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4331</b>	
22. I hereby certify that I attended the deceased from <b>Nov. 5, 1950</b> , to <b>Nov 8, 1950</b> , that I last saw the deceased alive on <b>Nov 8, 1950</b> , and that death occurred at <b>5:50 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J. T. Rhoads</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Kirksvilly, Mo.</b>		23c. DATE SIGNED <b>11-8-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>11-10-50</b>		24b. DATE <b>11-10-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>American Cem.</b>	
24d. LOCATION (City, town, or county) <b>Livonia, Mo.</b>		24e. (State) _____			
DATE REC'D BY LOCAL REG. <b>11-10-50</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. D. Slaughter</b> ADDRESS <b>Unionville, Mo.</b>	

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

Date Received: NOV 13 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 11-50-190  
Date Filed: NOV 14 1950

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.

Signed Murl E. Husted  
Licensed Embalmer No. 5204

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Unionville, N.C.

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.