

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25810

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON T.S.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON T.S.</u>	
c. LENGTH OF STAY (in this place) <u>34 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>KINSEY MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KINSEY MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH ANASTASIA</u> b. (Middle) <u>HAYN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 1 1951</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>1879 DEC 7</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>LAURENCTON MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>SIMON BAYER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY KIRCHNER</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM HAYN</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Hayn Kinsey MO</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC Myo Carditis</u>						<u>1 yr.</u>	
		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: Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>4222</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from Jan 4, 1951, to Aug 1, 1951, that I last saw the deceased alive on Jul 29, 1951, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur E. Schaefer M.D.</u> (Degree or title) _____		23b. ADDRESS <u>St. Genevieve MO</u>		23c. DATE SIGNED <u>8-2-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 3 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST LAWRENCE</u>		24d. LOCATION (City, town, or county) (State) <u>LAURENCTON MO</u>	
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DATE REC'D BY LOCAL REG. <u>8-3-51</u>		REGISTRAR'S SIGNATURE <u>Deena M. Paul</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Barber St. Genevieve MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

950
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File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 8 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Adrian J. Eller

Signed.....

Student Embalmer

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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.