

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11129

State File No.

FILED APR 14 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington Rural St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown Rural 0620</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAUNIA</u>	b. (Middle) <u>J.</u>	c. (Last) <u>HAYES (HAYSE)</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1953</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>Widowed</u>	8. DATE OF BIRTH <u>July 29, 1865</u>	9. AGE (In years last birthday) <u>87</u>	# UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	# UNDER 1 HRS. Hours <u></u> Min. <u></u>
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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 (City and State or Foreign Country) <u>Chester, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hannibal Hayes</u>	13b. MOTHER'S MAIDEN NAME <u>Linda Kennedy</u>	14. NAME OF HUSBAND OR WIFE <u>Bud Evern</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u> ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>		<u>Alt. 3 das.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis and arteriosclerotic heart disease</u>		<u>UNKNOWN.</u>
DUE TO (c) <u>Psychosis with cerebral arteriosclerosis and fractured right shoulder (2-7-53)</u>		<u>E9047</u> <u>45</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>194</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital ward</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Farmington St. Francois Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on ward.</u>
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22. I hereby certify that I attended the deceased from Feb. 7, 1953 to March 28, 1953, that I last saw the deceased alive on March 28, 1953, and that death occurred at 12 midnight from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>3-30-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mine LaMotte Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mine LaMotte, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 30, 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Undertakers, Fredericktown, Mo.</u> ADDRESS
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(Licensed Embroider's Statement on Reverse Side)

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

S. No. 300
V. 10.48

946
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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.

Student _____
Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.