

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13031**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 118

940

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and present.) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN FARMINGTON	c. LENGTH OF STAY (In this place) 4	c. CITY OR TOWN FARMINGTON	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MINERAL AREA OSTEO. HOSP		STREET ADDRESS (If rural, give location) 809 Middle Street 094/0	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) LOUISE c. (Last) HAYES	4. DATE OF DEATH (Month) (Day) (Year) April 15, 1955					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-21-1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 2 Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) DOE RUN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John Herbst	13b. MOTHER'S MAIDEN NAME Caroline Siebecker	14. NAME OF HUSBAND OR WIFE Boyd Hayes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary E. McDaniel, Farmington, Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adrenal insufficiency DUE TO (c) Arthritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5'8 1/2 x

19a. DATE OF OPERATION April 14 1955	19b. MAJOR FINDINGS OF OPERATION Cholelithiasis, Cholecystitis, Diverticulitis	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, to April 15, 1955, that I last saw the deceased alive on April 15, 1955, and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Paul O. Edger D.O.	23b. ADDRESS Farmington, Missouri	23c. DATE SIGNED April 16 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr-18-55	24c. NAME OF CEMETERY OR CREMATORY Lutheran
		24d. LOCATION (City, town, or county) (State) Farmington, Missouri

DATE REC'D BY LOCAL REG. Apr. 16, 1955	REGISTRAR'S SIGNATURE Esther Redloff	25. FUNERAL DIRECTOR'S SIGNATURE Walter L. ...	ADDRESS Farmington, Mo
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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 _____
Signature of Student Embalmer

Signed Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Larney, Va.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above. f.