

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-036103

STATE FILE NUMBER

AMENDED

Registration District No. 46 Primary Registration District No. 4066 Registrar's No. 42

FILED NOV 7 1961

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kingston</u>		Length of stay in 1b <u>5 yrs</u>	c. CITY OR TOWN <u>Hamilton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Berry Rest Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Hayes</u> Last <u>Hayes</u>	4. DATE OF DEATH Month <u>10</u> Day <u>-</u> Year <u>1961</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-11-1879</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR 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 <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Robinsville, Canada</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John B. Louiselle</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Snider</u>	14. NAME OF HUSBAND OR WIFE <u>William Hayes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>&lt;</u>	17. INFORMANT <u>Spokane, Wash.</u> <u>George Louiselle, 1204 W. Jackson Ave.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u>		<u>2 wks</u>
DUE TO (b) <u>Arteriosclerotic C.V. Disease</u>		<u>years</u>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kingston</u>	20f. CITY, TOWN, OR LOCATION <u>Kingston</u>	COUNTY <u>Caldwell</u>	STATE <u>Mo</u>
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21. I attended the deceased from 1958 to Oct 25 1961 and last saw her live on 10-25-61  
Death occurred at 7:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank R. Duley M.D.</u>	(Degree or title)	22b. ADDRESS <u>Hamilton, Mo.</u>	22c. DATE SIGNED <u>10-27-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-30-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u>	23d. LOCATION (City, town, or county) <u>Kingston, Mo</u>
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24. FUNERAL DIRECTOR <u>Clark Funeral Home, Kingston, Mo</u>	ADDRESS <u>11-3-61</u>	25. DATE RECD. BY LOCAL REG. <u>11-3-61</u>	26. REGISTRAR'S SIGNATURE <u>Lady's Jones</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Loramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, N.Y.

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.