

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2239**

**FILED FEB 14 1946**

Primary Registration District No. **4065**

Registrar's No. **60**

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Palo mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)

In this community ✓

3. (a) PRINT FULL NAME Theodocia Haytes

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Perm 5. Color or race wh

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Mrs B. Haytes 6. (c) Age of husband or wife if alive 11 years 1862

7. Birth date of deceased March (Month) 11 (Day) 1862 (Year)

8. AGE: Years 81 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Lancaster Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

MOTHER FATHER { 12. Name Jesse Coffman

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary McParland

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Alic Haytes

(b) Address Palo mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Zionia Cemetery

18. (a) Signature of funeral director W. P. ...

(b) Address Palo mo

19. (a) Feb 4 - 1946 (Date received local registrar) (b) Corinne ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Palo  
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22nd  
year 1944 hour 2 minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan 8, 1944, to Jan 22, 1944, that I last saw her alive on Jan 22, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocardial Degeneration 5 yrs.

Due to ✓

Due to ✓

Other conditions Bronchial Asthma  
(Include pregnancy within 3 months of death)

Major findings: Of operations 938

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) (e) Means of injury

23. Signature H.M. Wright (M.D. or other) DO

Address Palo, Mo Date signed Jan 24 1944

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**