

1. PLACE OF DEATH

(a) County Randolph  
 (b) City or town Moberly  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: McCormick Hospital  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution Five hours (Specify whether  
 In this community 16 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
 (c) City or town Moberly  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 403 Allen Street  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MYRTIE MARIE HAYNIE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marvin Ray Haynie 6. (c) Age of husband or wife if alive H-O years

7. Birth date of deceased December-8-1909  
 (Month) (Day) (Year)

8. AGE: Years 35 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Madison Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Claude Haley

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

14. Maiden name Ara Hase Davis

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

16. (a) Informant Marvin Ray Haynie

(b) Address 403 Allen St Moberly Mo.

17. (a) Burial (b) Date thereof 4-13-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Missouri

18. (a) Signature of funeral director Home Funeral Home

(b) Address Moberly Mo.

19. (a) 4-12-45 (b) Irma Nave  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10<sup>th</sup>  
 year 1945 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 8 1945, to April 10 1945;  
 that I last saw her alive on April 10 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 1 week

Due to anemia - child birth - 2 weeks

Due to 2 weeks previously -  
Obesity - Hypertension 10 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

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) (c) Means of injury \_\_\_\_\_

23. Signature W. Dreyer (M. D. or other) NO

Address Hunterdale Mo Date signed 4/12/45

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

39  
 6  
 3

RECEIVED

District Health Officer No. 10.

District File Number 5-45-788

Date Filed MAY 10 1945

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.