

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 29

FILED FEB 13 1948 23

Registration District No.

Primary Registration District No. 5143

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1
(If not in hospital or institution, write street number and location)
(d) Length of stay in hospital or institution: PEPPIAN HOSPITAL
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Emily Elizabeth Haynes

3. (b) If veteran, name war..... 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 Lawson Haynes
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased June 5 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 20 hr. min

9. Birthplace Wayne County
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....
12. Name Allen Unknown
13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
14. Maiden name 11
15. Birthplace 11 7
(City, town, or county) (State or foreign country)

16. (a) Informant Evert Haynes
(b) Address Poplar Bluff ms

17. (a) Burial (b) Date thereof Jan. 31 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cool Springs

18. (a) Signature of funeral director Greer, Crox & Fitch
(b) Address Poplar Bluff ms

19. (a) 1-31-48 (b) R. H. Murrell
(Date received local registrar) (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1948 hour 5 minute AM

21. I hereby certify that I attended the deceased from 20 JAN
UARY 1948, to 22 JAN 1948
that I last saw her alive on 22 JAN 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial infarction
Due to Extreme malnutrition & dehydration
Due to Senility
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... no 20

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.....
Signature K. P. Currie M.D. (M. D. or other).....
Address Poplar Bluff Mo Date signed 1-30-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 248-195

Date Filed 2-9-48

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.....

Philip J. Casady....., Registered Apprentice No. 108
working under my personal supervision.

Signed M. B. [Signature].....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.