

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 51

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 24

00420

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

1. PLACE OF DEATH a. COUNTY <b>ANDRAIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ANDRAIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MEXICO MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MEXICO MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ANDRAIN CO HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>609 W MONROE ST</b>	

00420

3. NAME OF DECEASED a. (First) <b>LYDIA</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>HAYCRAFT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 29 1950</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>SEPT 6, 1862</b>		9. AGE (In years last birthday) <b>87</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>YORK COUNTY PENN</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>WILL SMITH</b>		13b. MOTHER'S MAIDEN NAME <input checked="" type="checkbox"/>		14. NAME OF HUSBAND OR WIFE <b>HENRY HAYCRAFT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Anna May Piper Mexico Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis chr.</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <b>Infected thrombus L. femoral vein</b>			
		DUE TO (c) <b>Arterio Sclerosis</b>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			<b>4221</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 **12-25, 1949**, to **Jan 29, 1950**, that I last saw the deceased alive on **Jan 29, 1950**, and that death occurred at **9 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R.S. Williams M.D.</b>		23b. ADDRESS <b>Mexico mo</b>		23c. DATE SIGNED <b>1-30-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-31-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LADONIA</b>	
				24d. LOCATION (City, town, or county) (State) <b>LADONIA MO</b>	

DATE REC'D BY LOCAL REG. <b>Jan 31-1950</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mexico Mo</b>	
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RECEIVED FEB 6 1950  
District Health Officer No  
District File Number 2-57-2  
Date Filed FEB 6 1950

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed Charles V. Greening

Signed.....

Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Mexico 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.