

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9731**

FILED MAR 21 1950

BIRTH NO. _____ REG. DIST. NO. **241** PRIMARY REG. DIST. NO. **4360** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Portageville		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) Portageville		d. STREET ADDRESS (If rural, give location) 0171 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) HAYNES c. (Last)			4. DATE OF DEATH (Month) (Day) - (Year) MARCH 15 1950
5. SEX FEMALE	6. COLOR OR RACE BLACK	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 14, 1907
9. AGE (In years last birthday) 43 0 Months 0 1 Year 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Carbon Hill, Ala		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Walter Luster	13b. MOTHER'S MAIDEN NAME Callie Cooke	14. NAME OF HUSBAND OR WIFE Robert Haynes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Haynes Portageville Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No Medical attendant ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) by all record death DUE TO (c) was due to apoplexy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:41 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. S. Hedgcock, Coroner		23b. ADDRESS New Madrid Mo	23c. DATE SIGNED 3/15/50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Wed 19, 1950	24c. NAME OF CEMETERY OR CREMATORY Mem Cemetery	24d. LOCATION (City, town, or county) (State) Portageville Mo
DATE REC'D BY LOCAL REG. Mar 16, 1950	REGISTRAR'S SIGNATURE Ellen DeLute	25. FUNERAL DIRECTOR'S SIGNATURE Wheeler Funeral	ADDRESS Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 20 1950
District Health Office No. 2,
District File Number 35-0-196
Date Filed _____

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.

Signed Herbert J. Gau, Jr.
Student Embalmer

Student Embalmer No. 359
Signed Joseph A. DeLoe
Licensed Embalmer No. 4481
P. O. Address Plagerville 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.