

FILED FEB 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3966

0120

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neelyville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neelyville</b>	
c. LENGTH OF STAY (in this place) <b>40 yrs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maggie</b> b. (Middle) _____ c. (Last) <b>Haynes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 10, 1951</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 22, 1875</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Winona, Miss.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>Marion Doyle</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda Green</b>	14. NAME OF HUSBAND OR WIFE <b>Samuel Haynes</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Haynes</b> ADDRESS <b>Neelyville Mo.</b>
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) <b>myocardial degeneration</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b> DUE TO (c) <b>none</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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) <b>none</b>		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 <b>Feb 7, 1951</b> , to <b>Feb 10, 1951</b> , that I last saw the deceased alive on <b>Feb 7, 1951</b> , and that death occurred at <b>10 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Stewart L. Mc</b> (Degree or title)		23b. ADDRESS <b>Naylor Mo.</b>	23c. DATE SIGNED <b>2/13-1951</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE, <b>2/13/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Neelyville</b>
24d. LOCATION (City, town, or county) (State) <b>Neelyville, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gish Funeral Home</b> ADDRESS <b>Naylor, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 16, 1951</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>428</b>	

RECEIVED

FEB 20 1956

BUTLER CO. HEALTH CENTER

FILE No. 251-89

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 \_\_\_\_\_

Charles R. McCreedy  
working under my personal supervision.

Student Embalmer No. 387

Signed Charles R. McCreedy  
Student Embalmer

Signed Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.