S. No. 300
v. 10.48

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

FILED JUL 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25837

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3021 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
c. LENGTH OF STAY (In this place): 59 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater 0971
d. STREET ADDRESS (If rural, give location): 827 North Elm St

3. NAME OF DECEASED (Type or Print)
a. (First): Carolyn
b. (Middle): May
c. (Last): Haynie

4. DATE OF DEATH (Month) (Day) (Year): July 10 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 27 1876 (Or) 9-9-13
9. AGE (In years last birthday): 74-9-13 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: General Work
11. BIRTHPLACE (State or foreign country): Lewis Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Hiram Liggett
13b. MOTHER'S MAIDEN NAME: Katherine Barion
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Roger Haynie, Slater 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombophlebitis (Both Legs) — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
463X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1 1950, *to* July 10, 1951, *that I last saw the deceased alive on* July 10, 1951, *and that death occurred at* 8:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. C. Duggins M.D.
23b. ADDRESS: Slater Mo
23c. DATE SIGNED: 7-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-12-51
24c. NAME OF CEMETERY OR CREMATORY: Slater City Cemetery
24d. LOCATION (City, town, or county) (State): Slater Mo

DATE REC'D BY LOCAL REG.: 7-13-51
REGISTRAR'S SIGNATURE: Mrs. Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jones & Sutger, Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-16-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-16-51

JUL 28 1951

AUG 6 1951

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 _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed James E Jones

Licensed Embalmer No. 3143

P. O. Address Slater 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 25837

State of Missouri } ss.
County of Saline }

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 3rd day of August, 1951, before me appears Thomas R. Haynie Jr., who, upon his oath, states that the original record of ~~birth~~ death for Carolyn May Haynie, ~~born~~ died July 10, 1951, in the State of Missouri, and which was filed at Jefferson City, Mo., on July 17, 1951, should be corrected as follows:

Item No. 8 should read Sept 27, 1876

Instead of Sept. 27, 1874

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Thomas R. Haynie Jr. Son
Relationship.

721 Elm. Slater, Mo.
Present Address.

Subscribed and sworn to before me this 3rd day of August, 1951.

My Commission expires July 24, 1953. Helen Kersider Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
1 X37817