

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34142**

BIRTH NO. _____ REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) Warrensburg 1512	
d. FULL NAME OF HOSPITAL OR INSTITUTION So. Main St.		d. STREET ADDRESS (If rural, give location) So. Main St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Matilda	b. (Middle) Noble	c. (Last) Haymaker	4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 7 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Redgstrd Nurse	10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (State or foreign country) Zacatecas Mexico	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Edward M. Haymaker	13b. MOTHER'S MAIDEN NAME Ester Jean McClelland	14. NAME OF HUSBAND OR WIFE Not Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME John Haymaker	ADDRESS Warrensburg, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days 15 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of rt. femoral artery		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bl. Lemiparasis 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 454X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 1**, 1951, to **Oct 24**, 1951, that I last saw the deceased alive on **Oct 15**, 1951, and that death occurred at **12 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Deed Mason	(Degree or title) Mod.	23b. ADDRESS Warrensburg Mo	23c. DATE SIGNED Oct 29 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-27-51	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.
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DATE REC'D BY LOCAL REG. Oct 29, 1951	REGISTRAR'S SIGNATURE Savannah Dutcher	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips	ADDRESS Warrensburg, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2857 7 801

APR 17 1952

RECEIVED
NOV 5 1951

JOHNSON COUNTY HEALTH DEPT.

NOV 24 1952

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.....
Student Embalmer

Signed J. Earl Priest
Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.