S. No. 300
EV. 10.48

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9141

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 5777 Registrar's No. 6-52

066 1

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - Equality
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi N-W-Tuscumbia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - Equality 066
d. STREET ADDRESS (If rural, give location): 1 mi N-W-Tuscumbia

3. NAME OF DECEASED (Type or Print)
a. (First): Emeline
b. (Middle):
c. (Last): Haddock

4. DATE OF DEATH (Month) (Day) (Year): March - 14 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3 Feb 1882
9. AGE (In years last birthday): 70 — 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: At-Home
11. BIRTHPLACE (State or foreign country): Miller-Co- Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Erwin-Phillips
13b. MOTHER'S MAIDEN NAME: Sarrah-J-Miller
14. NAME OF HUSBAND OR WIFE: Marshal-Haddock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Julia-Twitchel — **ADDRESS**: Tuscumbia-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) Myocarditis Heart Brock. — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
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: None
19b. MAJOR FINDINGS OF OPERATION: None 4200
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.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* March 8, 19 52, *to* March 14, 19 52, *that I last saw the deceased alive on* 14 March, 19 52 *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Humphreys (Degree or title) D.O.
23b. ADDRESS: Tuscumbia - Mo
23c. DATE SIGNED: 15 March 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 16 March 52
24c. NAME OF CEMETERY OR CREMATORY: Robbinett
24d. LOCATION (City, town, or county) (State): Miller-Co Mo

DATE REC'D BY LOCAL REG.: March 15-1952
REGISTRAR'S SIGNATURE: Mrs. Richard L. Wright 391
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Rapp
ADDRESS: Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 21 1952
ER COUNTY HEALTH
DEPARTMENT

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 Keith M Kays
Licensed Embalmer No. 3948
P. O. Address Elton 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.