

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26916

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>538 East 7th</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			0403 0		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MYRTA</b>			b. (Middle) <b>HAYNES</b>		c. (Last) <b>DRUMMOND</b>
4. DATE OF DEATH <b>9 - 6 - 1954</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>wid.</b>
8. DATE OF BIRTH <b>1/31/1869</b>		9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 2 HRS. Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Livingston Co. Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13a. FATHER'S NAME <b>Aaron Haynes</b>		
13b. MOTHER'S MAIDEN NAME <b>Philena Biggs</b>		14. NAME OF HUSBAND OR WIFE <b>John T. Drummond</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Haynes Drummond</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
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 <b>+500</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>Sept 1, 1954</b> to <b>Sept 4, 1954</b> , that I last saw the deceased alive on <b>Sept 4, 1954</b> and that death occurred at <b>3:15 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. A. Duffy M.D.</b>		23b. ADDRESS <b>Trenton Mo</b>		23c. DATE SIGNED <b>Sept 7-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/7/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Grundy Center</b>	
24d. LOCATION (City, town, or county) (State) <b>Trenton Mo. R. P. I.</b>		DATE REC'D BY LOCAL REG. <b>9/7/54</b>		REGISTRAR'S SIGNATURE <b>J. W. Saw 115</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Gipson Funeral Home</b>		ADDRESS <b>Trenton, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP

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 Leo H. Whitaker.....

Licensed Embalmer No. 4780.....

P. O. Address Trenton, N.J......

**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.