

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3799

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>	c. LENGTH OF STAY (In this place) <u>12 yrs +</u>	c. CITY OR TOWN <u>Columbia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Jail</u>		e. STREET ADDRESS (If rural, give location) <u>402 Ash St. 010<sup>5</sup> D</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCHE</u> b. (Middle) <u>HAYCOX</u> c. (Last) <u>HAYCOX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7th 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 1st 1920</u>
9. AGE (In years, months, days) <u>35</u>		10. IF UNDER 1 YEAR: Hours <u>    </u> Mins. <u>    </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fayette Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tommy Helbo</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Gilbert</u>	
14. NAME OF HUSBAND OR WIFE <u>John Haycox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>    </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Benjamin</u>		ADDRESS <u>Columbia, Mo.</u>	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic shock -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Bleedged</u>			
DUE TO (c) <u>Alcoholism</u>			
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 <u>983x</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>401 Ash St</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Boone Mo.</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. W. Palmer, M.D.</u>		23b. ADDRESS <u>Columbia, Mo.</u>	
23c. DATE SIGNED <u>2/11/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 11th 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fayette</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 11, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer 31-D</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Street Parker</u>		ADDRESS <u>Columbia, Mo.</u>	

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

MAR 6 1936

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.....  
Signature of Student Embalmer

Signed *Stuart D. Parker*.....

Licensed Embalmer No. *290*

P. O. Address *Columbia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.