#

No. 300
10-48

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21137

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5699 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY ~~Carroll~~ Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Avalon
c. LENGTH OF STAY (in this place) most of life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home - East Part Town

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY ~~Carroll~~ Livingston
c. CITY OR TOWN Avalon
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) East Part of Town 0590

3. NAME OF DECEASED (Type or Print) a. (First) NETTIE b. (Middle) MORRISON c. (Last) HAYNES
4. DATE OF DEATH (Month) (Day) (Year) June 22, 1956
5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH Mar. 24 1866
9. AGE (In years last birthday) 90 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) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Wayne Co. Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME NATHON MORRISON
13b. MOTHER'S MAIDEN NAME ANGELINA OWENS
14. NAME OF HUSBAND OR WIFE ROBERT EDWARD HAYNES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Edythe Haynes ADDRESS Avalon, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 1 mk

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
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-12, 1954, *to* ~~July~~ June-16, 1956 *that I last saw the deceased alive on* June-16, 1956 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE V. D. Vondina (Degree or title) M.D.
23b. ADDRESS Chillicothe Mo
23c. DATE SIGNED 25 Jul 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 25, 1956
24c. NAME OF CEMETERY OR CREMATORY Coloma Cemetery
24d. LOCATION (City, town, or county) Tina (State) Mo

DATE REC'D BY LOCAL REG. 6/25/56
REGISTRAR'S SIGNATURE Frances B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE Elizabeth W. Austin ADDRESS Tina Mo

(Licensed Embalmer's Statement on Reverse Side)

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

171-j

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Ben W. Gibso

Licensed Embalmer No. 29

P. O. Address..Carroll

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.