

Health, Welfare, Public Services

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25986

STATE FILE NUMBER

FILED SEP 4 1956

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY BOONE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. CLAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN DEEPWATER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELLIS FISCHEL ST. CLAIR		Length of stay in lb 22 DAYS	d. STREET ADDRESS (If outside, give location) R.F.D. # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARGUERITE Middle HAYERLAND Last HAYERLAND			4. DATE OF DEATH Month 8 - Day 28 - Year 56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-21-1898	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months 9 Days 7 Hours - Min. - IF UNDER 24 HRS. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) LOWRY CITY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ROBERT L. CRAYFORD			14. MOTHER'S MAIDEN NAME MATTIE PENN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. World War II		17. INFORMANT HOSPITAL RECORDS Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO (b) Phlebotrombosis in lower extremities following operation DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Adenocarcinoma of breast with node metastases.					INTERVAL BETWEEN ONSET AND DEATH 15 min. 13 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-6-56 to 8-28-56 and last saw her alive on 8-28-56 Death occurred at 8:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deputy or title) Richard E. Johnson, M.D.			22b. ADDRESS Columbia, Mo.		22c. DATE SIGNED 8-28-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE Aug 28 56	23c. NAME OF CEMETERY OR CREMATORY Lowry City Cem		23d. LOCATION (City, town, or county) (State) Clinton Mo.
24. FUNERAL DIRECTOR Parbert Funeral Service		ADDRESS Columbia		25. DATE RECD. BY LOCAL REG. Aug 28 1956	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

SEP 7 1956

SEP 17 1956

APR 24 1958

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.....
Tom McHarg

Licensed Embalmer No. 406

P. O. Address *Columbi*

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