

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20352**

FILED JUN 24 1957

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **4082** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bogard	c. LENGTH OF STAY (in this place) 11 yrs	c. CITY OR TOWN Bogard	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 HOME in Bogard, Mo.		e. STREET ADDRESS (If rural, give location) 0170	

3. NAME OF DECEASED (Type or Print)	a. (First) Elsie	b. (Middle) Georgetta	c. (Last) HAINES	4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1957
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5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 31, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 4 Days 17	IF UNDER 24 HRS. Hours 17 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 -	11. BIRTHPLACE (City and State or Foreign Country) Pratt Co KANS	12. CITIZEN OF WHAT COUNTRY USA			

13a. FATHER'S NAME Andrew Clark	13b. MOTHER'S MAIDEN NAME MARY M. NALLY	14. NAME OF HUSBAND OR WIFE Thomas HAINES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Albert M. Allister	ADDRESS K.C. MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 min.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	DUE TO (b) _____		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 10, 1957**, to **June 18, 1957**, that I last saw the deceased alive on **June 18, 1957**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carroll L. Smith M.D.	23b. ADDRESS 104-9th St. Carrollton, Mo	23c. DATE SIGNED 6-20-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 1957	24c. NAME OF CEMETERY OR CREMATORY FAIR HAVEN	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REG. 6-18-57	REGISTRAR'S SIGNATURE Maxlesher Caldwell	25. FUNERAL DIRECTOR'S SIGNATURE Dickerson	ADDRESS Funeral Home Bogard, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

+50

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 *J. Marshall J.*
Licensed Embalmer No. *446*
P. O. Address *Veruelton*

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.