

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016996

STATE FILE NUMBER

FILED APR 29 1958

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 26

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1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If instituting: Residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) Slater		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Slater
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION none		Length of stay in lb 50 yrs	d. STREET ADDRESS R.F.D. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Zeta Middle Annette Last Haynie			4. DATE OF DEATH Month Apr. Day 22 Year 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 14th 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years less birthday) 79
10c. TIME OF DEATH at home		11. BIRTHPLACE (City and state or country) Saline Co. Mo.	IF UNDER 1 YEAR Months 4 Days 8
13a. FATHER'S NAME Rufus Rhoades		13b. MOTHER'S MAIDEN NAME Belle Bowers	IF UNDER 24 HRS. Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or no) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	12. CITIZEN OF WHAT COUNTRY? U S
17. INFORMANT Mrs. Jno. Iman		Address Slater, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis following ruptured gall-bladder			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Emphysema of gall-bladder			24 hrs.
DUE TO (c) Generalized arthritis			585X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arthritis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 2-8-1950 to 4-22-1958 and last saw her alive on 4-22-58 Death occurred at A-22-1958 9: P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C.A. McEwen (degree or title) 0		22b. ADDRESS Slater, Mo.	22c. DATE SIGNED 4/23/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/24/1958	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Slater, Mo.
24. FUNERAL DIRECTOR Hill Brothers ADDRESS Slater, Mo		25. DATE RECD. BY LOCAL REG. 4/26/58	26. REGISTRAR'S SIGNATURE Mrs. E.C. Metz

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 *Sam M Hill*

Licensed Embalmer No. *1292*
P. O. Address *Slater M*

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.