

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017482
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 389 Primary Registration District No. 5161 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Bloom Field		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Watson 0030		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi S. Hwy 54		Length of stay in lb 5 WKS		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Amy Middle Last HAUGHTON			4. DATE OF DEATH Month May Day 22 Year 1958				
5. SEX Female	6. COLOR OF 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 June 12 1893		9. AGE (In years last birthday) 65 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) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or country) Watson Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Douglas Hayes		13b. MOTHER'S MAIDEN NAME Rebecca Morrison		14. NAME OF HUSBAND OR WIFE Everett Haughton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 491-28-5637		17. INFORMANT Address Mrs Mildred McDonald 819 High St Fulton 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) CEREBRAL CONCUSSION						INTERVAL BETWEEN ONSET AND DEATH 15 MIN	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Crushed chest fracture right - left hip						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) HEAD ON COLLISION					
20c. TIME OF INJURY 6:30 p.m. 5/22/58							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 101 WAY		20f. CITY, TOWN, OR LOCATION COUNTY 014 STATE Watson Callaway MO			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:40 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) L. J. A. Sluiter, Coroner			22b. ADDRESS Fulton Mo			22c. DATE SIGNED 5/23/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/25/58		23c. NAME OF CEMETERY OR CREMATORY High Creek Ceme		23d. LOCATION (City, town, or county) (State) Watson Mo.	
24. FUNERAL DIRECTOR A. C. Johnson		ADDRESS Humboldt		25. DATE RECD. BY LOCAL REG. 5/22/58		26. REGISTRAR'S SIGNATURE L. J. A. Sluiter	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *LeRoy Claypool*

Licensed Embalmer No. *4412*
P. O. Address *New Bloomfield*

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.