

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-018267

FILED VS MAY 26 1960

Registration District No. 13

Primary Registration District No. 3003

STATE FILE NUMBER

Registrar's No. 65

300
1-57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett 0051	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 913 Central		Length of stay in 1b 56 Yrs.	
		d. STREET ADDRESS (If outside, give location) 913 Central	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last HAXEL			4. DATE OF DEATH May 21, 1960 Month Day Year		
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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 Oct. 11, 1876	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Columbus, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W. H. WEEKS	13b. MOTHER'S MAIDEN NAME NANCY GAY	14. NAME OF HUSBAND OR WIFE PHILLIP HAXEL
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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. none	17. INFORMANT Address John Haxel Monett, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial degeneration (Arteriosclerosis)		INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis Generalized Scurvy	
	DUE TO (c) 4221	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 2-10-55 to 5-21-60 and last saw her alive on 5-21-60 Death occurred at 7:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. D. (Degree or title)	22b. ADDRESS Monett, Mo.	22c. DATE SIGNED 5/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/24/60	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cem.	23d. LOCATION (City, town, or county) (State) Chanute, Kan.
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24. FUNERAL DIRECTOR J. D. Buchanan	ADDRESS Monett, Mo.	25. DATE RECD. BY LOCAL REG. 5-23-60	26. REGISTRAR'S SIGNATURE Mrs. J. N. Cook
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

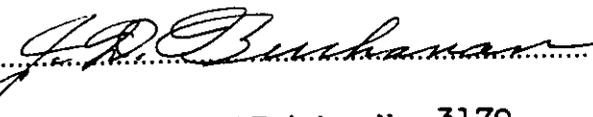
All diseases in Part I must be causally related.

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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 

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.