

JURISDICTION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027618

FILED VS JUL 18 1960

STATE FILE NUMBER

Registration-District No. 209 Primary Registration District No. 3043 Registrar's No. 266

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Palmyra</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>616 W. Water</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | | | |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Franklin</u> Middle <u>Lester</u> Last <u>Haydon</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>27</u> Year <u>1960</u> | | |
|--|--|--|--|--|--|

| | | | | | | |
|--------------------|-------------------------------|---|----------------------------------|----------------------------------|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/5/1880</u> | 9. AGE (last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
|--------------------|-------------------------------|---|----------------------------------|----------------------------------|--|--|

| | | | |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Ralls Co., Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|---|-----------------------------------|--|---|

| | | |
|--|--|--|
| 13a. FATHER'S NAME <u>Rufus Haydon</u> | 13b. MOTHER'S MAIDEN NAME <u>Medora Miller</u> | 14. NAME OF HUSBAND OR WIFE (De) <u>Missouri Bross</u> |
|--|--|--|

| | | |
|--|-------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Mrs. Maurice Beckgerd R#1 Palmyra Mo.</u> |
|--|-------------------------|--|

| | | |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis of Cerebral vessel</u> DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute psychosis</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

| | | |
|--|---|--|
| 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 <u> </u> s.m. <u> </u> p.m. <u> </u> | 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 <u>Palmyra</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u> |
|---|--|--|--|

| | |
|--|--|
| 21. I attended the deceased from <u>1950</u> to <u>June 27, 1960</u> and last saw him alive on <u>June 26, 1960</u> Death occurred at <u>6:30 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
|--|--|

| | | |
|---|----------------------------------|---------------------------------|
| 22a. SIGNATURE <u>J. A. Hill M.D.</u> (Degree or title) | 22b. ADDRESS <u>Palmyra, Mo.</u> | 22c. DATE SIGNED <u>6/29/60</u> |
|---|----------------------------------|---------------------------------|

| | | | |
|---|--------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>6/30/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Ce.</u> | 23d. LOCATION (City, town, or county) <u>Palmyra Mo.</u> |
|---|--------------------------|---|--|

| | | |
|---|--|--|
| 24. FUNERAL DIRECTOR <u>E.T. Sprague</u> ADDRESS <u>Palmyra Mo.</u> | 25. DATE RECD. BY/LOCAL REG. <u>7/9/60</u> | 26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luck by William M. Newman</u> |
|---|--|--|

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. J. Snague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.