MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

[redacted]

Registration District No. 196 Primary Registration District No. 3026 Registrar's No. 89 STATE FILE NUMBER -61-005619

AMENDED

FILED VS FEB 21 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b 64 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 219 E. WHITE OAK — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 219 E. WHITE OAK — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First LENA Middle Last HALEY
4. DATE OF DEATH Month 1 Day 26 Year 61
5. SEX FEMALE
6. COLOR OR RACE NEGRO
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 3-7-74
9. AGE (last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK
10b. KIND OF BUSINESS OR INDUSTRY ELIZABETH
11. BIRTHPLACE (City and state or country) INDEP., MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HOPKINS
13b. MOTHER'S MAIDEN NAME ELIZABETH
14. NAME OF HUSBAND OR WIFE WILLIAM HALEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT ADA COLLINS Address 265 WEST B. St. CASPER Wy.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dr. Hillman) Deputy Coroner M.D.
22b. ADDRESS 1618 Lydia Av.
22c. DATE SIGNED 1/29/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2-4-61
23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY
23d. LOCATION (City, town, or county) (State) INDEPENDENCE JACKSON, MO.
24. FUNERAL DIRECTOR ADDRESS 1415 E Truman Rd. K.C. Mo. Lee Davis Funeral Home
25. DATE RECD. BY LOCAL REG. 2-4-61
26. REGISTRAR'S SIGNATURE James S. Craig

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

FEB 23 1961

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 Landis H. Jackson

Licensed Embalmer No. 4872

P. O. Address K.C., 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.