SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012250
STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 54

FILED APR 6 1961

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sikeston, Missouri — Length of stay in Ib: 2 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Shuffit Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: East Prairie — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 101 N. Martin — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Bertha Middle: Last: Haywood
4. DATE OF DEATH: Month: March Day: 21 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-27-1887
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months 8 Days 21 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Music Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Teaching
11. BIRTHPLACE (City and state or country): Farmington, Missoure
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: A. J. Ryker
13b. MOTHER'S MAIDEN NAME: Martha Ann Jackson
14. NAME OF HUSBAND OR WIFE: D. D. Haywood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Effie Falkoff, East Prairie, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 year.
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)
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 1-1-61, to 3-21-61 and last saw her alive on 3-21-61
Death occurred at 6:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. M. Jones (Degree or title): M.D.
22b. ADDRESS: Marshall, Mo.
22c. DATE SIGNED: 3-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-23-61
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Missouri

24. FUNERAL DIRECTOR ADDRESS: Travis Shelby, East Prairie, Mo.
25. DATE RECD. BY LOCAL REG.: 4-1-61
26. REGISTRAR'S SIGNATURE: Mae Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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 Travis Shelby Jr.

Licensed Embalmer No. 2940

P. O. Address Cost Prairie

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.