MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014515
STATE FILE NUMBER

AMENDED

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 11

FILED MAY 12 1961

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon
Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 210-N-Olive
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller
c. CITY OR TOWN Eldon
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 210-N-Olive
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Lula- Middle: Maud Last: Haynes
4. DATE OF DEATH Month: April- Day: 9 Year: 1961
5. SEX Female
6. COLOR OR RACE White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 15 Aug-1878
9. AGE (Last birthday) 82
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) House-wife
10b. KIND OF BUSINESS OR INDUSTRY At-Home
11. BIRTHPLACE (City and state or country) Olean Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John-W- Miller
13b. MOTHER'S MAIDEN NAME Suzana-Gilleland
14. NAME OF HUSBAND OR WIFE Walter-Haynes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Walter-Haynes Address Eldon-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) Cerebro Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: sudden
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 [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None
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.) None
20f. CITY, TOWN, OR LOCATION COUNTY STATE None

21. I attended the deceased from April 2, 1961 April 9, 1961 and last saw (her/him) alive on April 2, 1961
Death occurred at 6:P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ray Fyle (Degree or title) M.D
22b. ADDRESS Versailles-Mo
22c. DATE SIGNED 11 April-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12 April-61
23c. NAME OF CEMETERY OR CREMATORY Eldon
23d. LOCATION (City, town, or county) Eldon (State) Mo

24. FUNERAL DIRECTOR Keith M. Kays ADDRESS Eldon-Mo
25. DATE RECD. BY LOCAL REG. Apr. 11, 1961
26. REGISTRAR'S SIGNATURE Alverretta Walt

(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

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.