

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32866

STATE FILE NUMBER

FILED OCT 9 1956

Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLARENCE</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CLARENCE</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>HOME</u>			Length of stay in lb <u>10 YRS</u>		d. STREET ADDRESS (If outside, give location) <u>CLARENCE MO</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>HAINES</u> Last <u>HAINES</u>				4. DATE OF DEATH Month <u>SEPT</u> Day <u>26</u> Year <u>1956</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>FEB 10, 1879</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>7</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (City and state or country) <u>MO SHELBY COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13. FATHER'S NAME <u>JOSEPH STEWART</u>				14. MOTHER'S MAIDEN NAME <u>NANNIE BUNN</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>JOE HAINES CLARENCE 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>Carcinoma of Liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pernicious Anemia</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>1561</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>4 years</u>	
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 _____ a. m. _____ p. m. _____								
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		COUNTY STATE		
21. I attended the deceased from <u>Jan. 1956</u> to <u>Sept 26, 1956</u> and last saw her alive on <u>Sept 26, 1956</u> Death occurred at <u>4:57 P. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Bk. Edington D.O.</u>						22b. ADDRESS <u>Clarence, Mo.</u>		22c. DATE SIGNED <u>9-29-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-28-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>1001 CEMETERY</u>		23d. LOCATION (City, town, or county) <u>SHELBY NA</u>		(State) <u>MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Charles V. Greening Clarence Mo</u>				25. DATE RECD. BY LOCAL REG. <u>10-2-56</u>		26. REGISTRAR'S SIGNATURE <u>Rita Garrison</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

1957

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 *Charles V. Green*

Licensed Embalmer No. *46*

P. O. Address *Clason*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.