

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42187

STATE FILE NUMBER

FILED JAN 10 1957

Registration District No. 209 Primary Registration District No. 5761 Registrar's No. 46

Health, Welfare and Public Service
000-56
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) OR TOWN <u>Palmyra,</u>		c. CITY OR TOWN <u>Woodland</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Maplelawn rest home</u>		d. STREET ADDRESS (If outside, give location) <u>2640</u>	
3. NAME OF DECEASED (Type or print) First <u>Kate</u> Middle <u>Haydon</u> Last <u>Cannon</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>29,</u> Year <u>1956</u>	
5. SEX <u>female</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>Aug. 27, 1866</u>
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (City and state or country) <u>Marion County</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Winfield Haydon Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Elizabath Whaley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. Ella Hayden,</u> Address <u>Woodland</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>Arteriosclerosis</u> 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) <u>Had Cancer Removed from near Sontum Before</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4500 H</u>
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 _____ Month _____ Day _____ Year _____ 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		COUNTRY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. J. Lusk</u> (Degree or title) <u>MD.</u>		22b. ADDRESS <u>Woodland</u>	
22c. DATE SIGNED <u>12-19-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Greenwood cem.</u>	
23c. DATE <u>12/1/56</u>		23d. LOCATION (City, town, or county) (State) <u>Palmyra, Mo.</u>	
24. FUNERAL DIRECTOR <u>E. J. Lusk</u> ADDRESS <u>Palmyra, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-20-56</u>	
26. REGISTRAR'S SIGNATURE <u>Dr. E. J. Lusk</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. J. Lusk</u>	

RECEIVED JAN 8 1957
MARION CO. HEALTH DEPT.
DATE FILED JAN 8 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..... *Dean W. Huff*

Licensed Embalmer No. *49*.....

P. O. Address *Paducah*.....

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.