

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028267

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 50

FILED JUL 24 1962

VS 300
Rev. 4/59

1 0910

2 2269

3 2

4 0

5 1

6

7 0

8 2

9 X

10

11 091

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Doniphan</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b <u>ONE WEEK</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Ripley Co. Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>2503 A. Hadley</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Delbert</u> Middle <u>HADLEY</u> Last <u>HAYWOOD</u>		4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1962</u>	
5. SEX <u>MALE</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>3-17-1928</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIE CAST OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARROLLTON, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES HAYWOOD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH FOX</u>	
14. NAME OF HUSBAND OR WIFE <u>Betty Louise HAYWOOD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Dec. 14, 1951 - Dec. 20, 1955</u>	
16. SOCIAL SECURITY NO. <u>492-24-5447</u>		17. INFORMANT <u>Betty Haywood Doniphan, 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>Rupture of heart muscle</u> DUE TO (b) <u>Contraction of chest</u> DUE TO (c) <u>Car accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Ran car in ditch.</u>	
20c. TIME OF INJURY Hour <u>2:00</u> a.m. Month, Day, Year <u>7/12/62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Doniphan</u>		20f. CITY, TOWN, OR LOCATION <u>Doniphan</u>	
21. I attended the deceased from <u>7/12/62</u> to <u>7/12/62</u> and last saw her alive on <u>7/12/62</u>		22. DATE SIGNED <u>7/12/62</u>	
22a. SIGNATURE (Degree or title) <u>Frank Johnson MD</u>		22b. ADDRESS <u>Doniphan, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-14-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>	23d. LOCATION (City, town, or county) <u>Doniphan, Mo.</u>
24. FUNERAL DIRECTOR <u>Edwards Funeral Home - Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-14-62</u>	
26. REGISTRAR'S SIGNATURE <u>Flava Brz</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 25 1962

JUL 27 1962

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 Ronald Sloan

Licensed Embalmer No. 5127

P. O. Address Doniphan, 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.

Permit issued 7-14-62

no. 23