

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1900

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURY</u> b. COUNTY <u>MONITEAU</u>	
b. CITY OR TOWN <u>LUPUS MISSOURY</u>		c. CITY OR TOWN <u>LUPUS MISSOURY</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <u>Dem. Hsp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUPUS MISSOURY</u>		e. (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LIZZIE</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>HAYBOUR</u>	4. DATE OF DEATH	(Month) <u>FEB.</u>	(Day) <u>2</u>	(Year) <u>1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 18-1864</u>	9. AGE (in years last birthday)	<u>86</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE REFRY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>VIRGINIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				

13a. FATHER'S NAME <u>CHARLES HAYBOUR</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE HAYBOUR</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>P.R. Harbour</u>	ADDRESS <u>Lupus Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>151X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lupus Moniteau Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 3, 1951, to Feb 2, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. Baniel</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>California</u>	23c. DATE SIGNED <u>2/2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB-4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR GAINES TOWN Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 6-1951</u>	REGISTRAR'S SIGNATURE <u>Gada M. Snow</u>	19 <u>99</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Albert Hornbeck</u>	ADDRESS <u>Pravie Home</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

680

mo.

**RECEIVED** 2-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed: 2-8-51

27-1-51

**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 .....  
Student Embalmer

Signed G. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Crawfish Home 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 this body is not embalmed, fact should be so stated above.