

REC'D MAR 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dr. Danby

5730

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township Kirkville Primary Registration District No. 3001 Registered No. 68
(c) City Kirkville (d) Street No. KCOS Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: 570 Mildred Amanda Haynes

(a) Residence, No. Coats St., RFD 4, Macon, Mo (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Logan L. Haynes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16th, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 1939 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Hannibal 0
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME John Trister, 0

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mae Reed,

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Carl F. Haynes,
(ADDRESS) Ft. Riley, Kan. (US Army)

18. ~~EDUCATIONAL INSTITUTION~~ OR REMOVAL PLACE Macon DATE Mar. 18, 1939

19. FUNERAL DIRECTOR (NAME) Albert Skinner,
(ADDRESS) Macon, Mo

20. FILED Mar 20, 1939 Spencer L. Freeman 3
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17 1939, to Mar. 18 1939
I last saw her alive on Mar 17, 1939. Death is said

to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism. Date of onset

Other contributory causes of importance:

mixed atherosclerosis.

Name of operation none Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

3 (Signed) John Danby, D.O., M.D.

(Address) Furberville

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.....
....., Registered Apprentice No.....
working under my personal supervision.

REMOVAL

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.