

AUG 19 1940

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

25655

Do not use this space.

## 1. PLACE OF DEATH

(a) County Livingston 2 Registration District No. 1076  
(b) Township Farrish 0 Primary Registration District No. 5680  
(c) City Avalon, Mo. (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 11

## 2. PRINT FULL NAME

520 Robert Edward Haynes  
(a) Residence, No. Avalon Mo. St.  (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Livingston County Missouri

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
James Patton Haynes Tenn.15. MAIDEN NAME Susan Dougherty16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Kentucky17. INFORMANT (ADDRESS)  
Mrs Nette Haynes Avalon Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Coloma, Mo. DATE July 29, 194019. FUNERAL DIRECTOR (NAME) (ADDRESS)  
Clifford W. Austin Tama Missouri20. FILED July 29, 1940 Mrs. Chas. Ludwig 461 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27-1940

22. I HEREBY CERTIFY That I attended deceased from July 18, 1940, to July 27, 1940.  
I last saw him alive on July 27, 1940. Death is said to have occurred on the date stated above, at 5:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

7/14/1940Other contributory causes of importance:  
82 NName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? NO

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 \_\_\_\_\_  
(Signed) R. P. Callier M. D.  
(Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo-

RECEIVED

District Health Officer No: 11,

District File Number 640-1268

Date Filed AUG 13 1948

*640-1268*

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.....

*Cliffard W Austin*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Cliffard W. Austin*

Licensed Embalmer No. 3233

P. O. Address Paris, Missouri

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, above space should be left blank.