FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 13788

FILED JUN 15 1948

Registration District No. 17 — Primary Registration District No. 3016 — Registrar's No. 143

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dead On Arrival St Marys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 19 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole 26
(c) City or town: Jefferson City 5 (If outside city or town limits, write "RURAL")
(d) Street No.: 618-E-State 4 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Billie Joe Haynes
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: August (Month) 3 (Day) 1928 (Year)

8. AGE: Years 19 | Months 10 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Cole County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Mechanic
11. Industry or business: Auto
FATHER
12. Name: James F. Haynes
13. Birthplace: Callaway Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Minnie Hess
15. Birthplace: Callaway County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Minnie Haynes
(b) Address: 618-E-State
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Fanner Service
(b) Address: 700 Jefferson
19. (a) 6-8-48 (Date received local registrar) (b) R. P. Dorris MD. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7 year 1948 hour 2 minute A M.
21. I hereby certify that I attended the deceased from Dead when received, 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture of the Skull	
Due to: Auto accident	
Due to: Car lost control & failed to make turn	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident
(b) Date of occurrence: 6-7-48
(c) Where did injury occur? (City or town) Cole (County) Mo (State) 26
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public road (Specify type of place)
While at work? No (e) Means of injury: Car accident
23. Signature: J. R. Leslie (M. D. or other) Coroner
Address: Jefferson City Mo Date signed 6-7-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OM—1/47
ev. 5-17-39

NOV 27 1950

JUN 21 1948

RECEIVED
District Health Officer No. 9,
District File Number
JUN 14 1948
Date Filed

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 Donald P. Freeman, Registered Apprentice No. 481, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3641

P. O. Address [illegible]

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.