S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27061

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 38

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Miller
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cody McKinley HAYNES
3. (b) If veteran, name war No
3. (c) Social Security No. 708-09-5194
4. Sex MALE
5. Color of race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Haynes
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Oct. (Month) 9 (Day) 1898 (Year)

8. AGE: Years 49 Months 10 Days 2 If less than one day hr. min.
9. Birthplace Ettiwelle (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Poultry Farmer
11. Industry or business
FATHER
12. Name Mason Haynes
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name LULA CRISP
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Mrs Maude Haynes
(b) Address Eldon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant
18. (a) Signature of funeral director Louis D. Phillips
(b) Address Eldon Mo.
19. (a) 8-16-48 (Date received local registrar) (b) Alverretta Walt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1948 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3-4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. E. Humphreys D.O. Coroner (M. D. or other)
Address Tuscumbia, Mo. Date signed 8-12-48

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1948

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 3 7 1948

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 Louis D. Phillips, Registered Apprentice No. , working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Ecalon

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.