

FILED APR 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14626

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY <u>Nevada</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nevada</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>some time</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		101			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1123 East Division</u>				d. STREET ADDRESS (If rural, give location) <u>1123 E. Division</u>					
3. NAME OF DECEASED (Type or Print) <u>Walter Sterrett Hainline</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, <u>Married</u> (Specify)	8. DATE OF BIRTH <u>May 16 - 1878</u>		9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR	IF UNDER 4 Hrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sweeten</u>	11. BIRTHPLACE (State or foreign country) <u>Virgil City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Benjamin Hainline</u>		13b. MOTHER'S MAIDEN NAME <u>Leticia Collins</u>		14. NAME OF HUSBAND OR <u>Marjorie</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-28-6320</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marjorie Hainline</u>		ADDRESS <u>843 Nevada Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>				DUE TO (b) _____				3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>				19. DATE OF OPERATION _____				493 X	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				1 year	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>9</u>					
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? _____					
22. I hereby certify that I attended the deceased from <u>March 18, 1949</u> , to <u>April 11, 1949</u> , that I last saw the deceased alive on <u>April 10, 1949</u> and that death occurred at <u>1 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. A. ROSE M.D.</u> (Degree or title)				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>4-14-49</u>			
24a. BURIAL, <u>Missouri</u> (Specify)		24b. DATE <u>April 14-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Serpentine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>			
DATE REC'D BY LOCAL REG. <u>April 22-49</u>		REGISTRAR'S SIGNATURE <u>Kathryn Yancey</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry Ferguson</u>		ADDRESS <u>Nevada Missouri</u>			

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

RECEIVED
District Health Officer No. 7
District File Number 3-49-437
Date Filed 4-25-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 1760

P. O. Address Nevada MS

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.