

STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Carterville</u>		c. CITY OR TOWN <u>Oronogo</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Rural R.R.#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>318 East Main Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ADIE</u>	b. (Middle)	c. (Last) <u>HAYNES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 4, 1869</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Oronogo, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas Crosby</u>	13b. MOTHER'S MAIDEN NAME <u>no data</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Boyd</u>	ADDRESS <u>Rt. 1 Webb City, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rt. sided heart failure - Chronic myocarditis</u>		<u>2 days</u>
	DUE TO (c) <u>Fractured hip</u>		<u>9 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			<u>3 yrs. +</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>nursing home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carterville Jasper Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 21 1949 8:30 am</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patient was dizzy + fell. 8:40 AM</u>
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22. I hereby certify that I attended the deceased from May 24, 1947, to June 30, 1949, that I last saw the deceased alive on June 30, 1949, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Dawson</u> (Degree of title) <u>M.D.</u>	23b. ADDRESS <u>Webb City, Mo.</u>	23c. DATE SIGNED <u>7/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/2/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weaver Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oronogo, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>JULY 2; 1949</u>	REGISTRAR'S SIGNATURE <u>J. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John ...</u>	ADDRESS <u>Webb City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4940

RECEIVED ~~49-6-49~~ 7-5-49
Jasper County Health Office

County File Number 49-6-510

Date Filed 7-9-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leonard J. Harris

Licensed Embalmer No. 756

P. O. Address Webb City, Mo.

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.