

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29082

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 10225 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Barnes</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>	
c. LENGTH OF STAY (In this place) <u>30y-8M-25D</u>		d. STREET ADDRESS (If rural, give location) <u>State Hospital # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		4. DATE OF DEATH (Month) (Day) (Year) <u>8-26-1949</u>	
3. NAME OF DECEASED a. (First) <u>Martin</u> b. (Middle) <u>Flavio</u> c. (Last) <u>Haynes</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>2-27-1886</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locomotive Fireman</u>	
11. BIRTHPLACE (State or foreign country) <u>Purdy, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. 10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		13a. FATHER'S NAME <u>William Breen Haynes</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Shepherd</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Helen S. Haynes - Green River Wyoming</u>		ADDRESS <u>Green River Wyoming</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Renal disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>446 X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</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>_____</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>_____</u>		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>6-1-1946</u> , to <u>8-26-1949</u> , that I last saw the deceased alive on <u>8-26-1949</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J.P. Bunch, M.D.</u>		23b. ADDRESS <u>State Hospital # 3</u>	
23c. DATE SIGNED <u>8-26-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Nevada, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard H. Shorter</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 27, 49</u>		REGISTRAR'S SIGNATURE <u>Katharine H. Yarnes</u>	
25. ADDRESS <u>331 E. Chicago Ave. Home</u>		26. ADDRESS <u>_____</u>	

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

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RECEIVED

District Health Officer No. 71

District File Number 8-49-1065

Date Filed 9-7-49

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.

Signed.....

Richard L. Hostler

Licensed Embalmer No. 4532

P. O. Address Nevada, NV

Signed.....
Student Embalmer

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.