

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

38042

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>MONROE CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>MONROE CITY</b>	
c. LENGTH OF STAY (in this place) <b>39 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>220 2nd STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>220-2nd STREET</b>			

3. NAME OF DECEASED a. (First) <b>CHESTER</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>HAYNIE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 1 1949</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>DECEMBER 27 1897</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>26</b>	IF UNDER 24 HRS. Hours <b>11</b> Min. <b>26</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOTEL CLERK</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>HANNIBAL, Marion Co Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM U. HAYNIE</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Woodward</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WAR ONE</b>	16. SOCIAL SECURITY NO. <b>500-16-5994</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret E Longwin</b>	ADDRESS <b>Monroe City, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF Bronchus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Massive Hemoptysis Secondary to (a)</b>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>763X</b>

19a. DATE OF OPERATION <b>Oct, 49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Adeno Carcinoma of Bronchus</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 20, 1949** to **Dec 1, 1949**, that I last saw the deceased alive on **Dec 1, 1949**, and that death occurred at **10 30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ernest Phineas MD</b> (Degree or title)	23b. ADDRESS <b>Monroe City, Mo.</b>	23c. DATE SIGNED <b>12/1/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12/3-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>McOLIVET CEMETRY</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-3-49</b>	REGISTRAR'S SIGNATURE <b>Anna Margaret Burdett</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SON'S</b>	ADDRESS <b>MONROE CITY MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

69C-1-0

DEC 20 1949

MAR 23 1950

RECEIVED  
District Health Officer No. 10  
District File Number 12-49-20  
Date Filed DEC 5 1949

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.