

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **4699**

BIRTH NO. 3057-50 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bozark</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>West Plains</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hardenville, Mo.</u> <b>2770</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Hospital</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maynard</u> b. (Middle) <u>Jerome</u> c. (Last) <u>Haynes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 3 - 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>1 - 30 - 1950</u>
9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 MRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Gainesville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Glenn Haynes</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Nesbit</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Haynes</u>		ADDRESS <u>Hardenville, Mo.</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>Prenaturity</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Eclampsia of Mother</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1695</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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).	
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>2-2</u> , 19 <u>50</u> , to <u>2-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>50</u> , and that death occurred at <u>4:30</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo.</u>	
23c. DATE SIGNED <u>2-7-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-4-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lilley Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>5 mi. East of Gainesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-8-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <b>379</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard Funeral Home</u>		ADDRESS <u>Gainesville, Mo.</u>	

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

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RECEIVED 2/13/50  
District Health Officer No. 5,  
District File Number 250107  
Date Filed 2/17/50

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ann, 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.