

FILED APR 5 1950 STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5992 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Putnam Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Lincoln	c. LENGTH OF STAY (in this place) years	c. CITY (If outside corporate limits, write RURAL and give township) Rural Lincoln	0860
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Lincoln Township	
3. NAME OF DECEASED (Type or Print) a. (First) Nancy	b. (Middle) Ann	c. (Last) Haines	4. DATE OF DEATH (Month) (Day) (Year) March 19 1950
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 1872-7-15
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Month 8 Day 4	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work		10b. KIND OF BUSINESS OR INDUSTRY Home keeper	11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Henry Minks	13b. MOTHER'S MAIDEN NAME Naoma Arthur
14. NAME OF HUSBAND OR WIFE Eddie Haines Dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Haines Unionville, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES <u>Chronic myocarditis</u> Morbid 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 10 days	
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>May 5, 1950</u> , to <u>Mar. 19, 1950</u> , that I last saw the deceased alive on <u>Mar. 18, 1950</u> , and that death occurred at <u>5:00 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. W. McDonald</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Unionville, Mo.</u>	23c. DATE SIGNED <u>3-21-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>	24b. DATE <u>Mar. 21-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Country Putnam Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-25-50</u>	REGISTRAR'S SIGNATURE <u>Marvell Durham</u> 266	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. D. Husted</u> 268	

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

0860

RECEIVED  
APR 1 1950  
District Health Officer No. 1  
District File Number 4-50-54  
APR 1 1950  
Date Filed

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 F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.