

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11609**

426

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 2613 Penn	
d. FULL NAME OF HOSPITAL OR INSTITUTION 409 South 12th St.		e. STREET ADDRESS 2613 Penn	

3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) Irene Court c. (Last) Haynie			4. DATE OF DEATH (Month) (Day) (Year) April 13, 1951			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 2	8. DATE OF BIRTH February 21, 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Court	13b. MOTHER'S MAIDEN NAME Fannie Hunt	14. NAME OF HUSBAND OR WIFE Rufus Haynie
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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) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Sell	ADDRESS 2613 Penn St. St. Joseph Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH- 30 hrs
	ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis		
	DUE TO (c) Coronary Disease		1 yr
	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"/>
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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 **1945** to **Apr 5, 1951**, that I last saw the deceased alive on **Apr 5, 1951**, and that death occurred at **12:15P.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS [Address]	23c. DATE SIGNED 4/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/16/51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. April 21, 1951	REGISTRAR'S SIGNATURE Carl C. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Heaton-Bowman Funeral Home, St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0117
3

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 *W. E. Edmister*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *2791*.....

P. O. Address *314 So 10 St Memphis*.....

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.