

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23067

3176

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town) Kansas City, Mo		a. STATE MISSOURI		b. COUNTY JACKSON	
c. LENGTH OF STAY (In this place) Unknown		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS 1015 CHERRY STREET.		3148 2140	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. General Hospital #1							
3. NAME OF DECEASED (Type or Print)		a. (First) Iva		b. (Middle) L		c. (Last) Haynes	
4. DATE OF DEATH (Month) (Day) (Year)		7		24		1951	
5. SEX FEMALE		6. COLOR OR RACE WHITE-US.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED MARRIED		8. DATE OF BIRTH Jan. 15, 1906	
9. AGE (In years last birthday) 45		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LURTON, ARKANSAS	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME E. M. Woodard		13b. MOTHER'S MAIDEN NAME Martha Catherine Ketcher		13c. NAME OF HUSBAND OR WIFE EARL W. HAYNES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY (If yes, give year or date of service) NONE		17. INFORMANT'S SIGNATURE OR NAME Resp. records - R.C. Mo.		ADDRESS	
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				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypertensive & arterio sclerotic H.D.		ANTECEDENT CAUSES with Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Massive subarachnoid and intrapontine cerebral hemorrhage					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)				42-00	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION as above				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 7-23-51, 19 to 7-24-51, 19, that I last saw the deceased alive on 7-24-51, 19, and that death occurred at 11:45 AM, from the causes and on the date stated above.							
23a. SIGNATURE R. I. Burns M.D.				23b. ADDRESS 23rd & Cherry		23c. DATE SIGNED 7-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-24-51		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) HARRISON, ARK.	
DATE REC'D BY LOCAL REG. 7-25-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. N. Newcomer's Sons, K.C., Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*Basil Honey*

Licensed Embalmer No. *4724*

P. O. Address *Jacksonland, 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.