

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6084

State File No.

FILED MAR 4 1952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	c. LENGTH OF STAY (in this place) <u>2 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> <u>0883</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>661 N. Ault</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Marvin</u>	b. (Middle) <u>Ray</u>	c. (Last) <u>Haynie</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 27 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 28, 1904</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clarence, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James H. Haynie</u>	13b. MOTHER'S MAIDEN NAME <u>Elsie Crawford</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>No</u> <u>666</u>	16. SOCIAL SECURITY NO. <u>486-12-7269</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elsie Haynie, Moberly, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>5 1/2 hours</u>
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Diabetes Mellitis</u>		<u>Unknown</u> <u>Unknown</u>
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 <u>260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 2-27, 1952, to 2-27, 1952, that I last saw the deceased alive on 2-27, 1952, and that death occurred at 5:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Morris C. Epley D.O.</u>	23b. ADDRESS <u>319 Grand Ave. Moberly, Mo.</u>	23c. DATE SIGNED <u>2-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar-1-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 1-52</u>	REGISTRAR'S SIGNATURE <u>Lea R. Wilcox-Lowe</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Smith Funeral Home Moberly Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Licensed Embalmer No. 4117

P. O. Address Moberly 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.