

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7407**

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **322**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Buchanan	b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	a. STATE Missouri	b. COUNTY Buchanan
c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 710 S. 17th Street		d. STREET ADDRESS (If rural, give location) 710 S. 17th Street 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Birt	b. (Middle) A.	c. (Last) Haynes	4. DATE OF DEATH (Month) (Day) (Year) March 17, 1952.
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 25, 1881.	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter and Contractor	10b. KIND OF BUSINESS OR INDUSTRY for self	11. BIRTHPLACE (State or foreign country) Stewartsville, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Haynes	13b. MOTHER'S MAIDEN NAME Jane Gilmore	14. NAME OF HUSBAND OR WIFE Virginia C. Haynes
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia C. Haynes	ADDRESS 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, Generalized.		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, Rectum 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 75.4 X	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) (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 12-15, 1951, to 2/17, 1952, that I last saw the deceased alive on 3/14, 1952, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE <i>John P. [Signature]</i>	(Degree or title)	23b. ADDRESS 420 N. 8th St. St. Joseph, Mo.	23c. DATE SIGNED 2/19/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 19, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Mar. 27, 1952	REGISTRAR'S SIGNATURE <i>Carl C. Casper</i> 446	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter H. [Signature]</i>	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117
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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 *****

**** * * * * *

working under my personal supervision.

Student Embalmer No. ***/ *****

Signed Albert R. Harrington

Signed..... *** *****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.