S. No. 300
v. 10.48

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

901

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 2

0350
1

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

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Campbell
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CAMPBELL 0350
d. STREET ADDRESS (If rural, give location) 516 College St

3. NAME OF DECEASED (Type or Print)
a. (First) MART
b. (Middle)
c. (Last) HAYNES

4. DATE OF DEATH (Month) JAN (Day) 17 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH 6-12-1886
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MO
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME —
13b. MOTHER'S MAIDEN NAME NANCY JEWEL
14. NAME OF HUSBAND OR WIFE TEMPIE KNOTTS HAYNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. 496-14-4894
17. INFORMANT'S SIGNATURE OR NAME Thomas Haynes — ADDRESS Campbell R.2 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Asthma
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 241A
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1948, to Jan, 1953, that I last saw the deceased alive on Nov 23, 1952, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Byron L. Franklin (Degree or title) MD
23b. ADDRESS Campbell Mo.
23c. DATE SIGNED 1-17-53

24a. BURIAL/CREMATION REMOVAL (Specify) Burial
24b. DATE 1-18-53
24c. NAME OF CEMETERY OR CREMATORY CAMPBELL
24d. LOCATION (City, town, or county) (State) CAMPBELL, MO.

DATE REC'D BY LOCAL REG. 1/19/1953
REGISTRAR'S SIGNATURE Mrs Beulah Campbell 92-C
25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell — ADDRESS Piggott, Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-26-53

COUNTY FILE NUMBER 153-25

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 me

working under my personal supervision.

Student Embalmer No.

Signed Leroy J. Tyler

Signed

Student Embalmer

Licensed Embalmer No. 1001 Ark.

P. O. Address Piggott Ark

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.