

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17265

State File No.

FILED MAY 19 1953

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5173 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wainwright</u> c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wainwright</u> 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Town</u>		d. STREET ADDRESS (If rural, give location) <u>In Town</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Barry</u> b. (Middle) <u>Jane</u> c. (Last) <u>Haynes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 8 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>March 7 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Days <u>2</u> IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Nathan Hord</u>		13b. MOTHER'S MAIDEN NAME <u>Mary K. Bobby</u>		14. NAME OF HUSBAND OR WIFE (Dec) <u>Starling P. Haynes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Haynes - Tabket St Mo.</u>	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic cerebral clot</u>			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) <u>Cerebral Hemorrhage</u>			
		DUE TO (c) <u>Hypertension of the Cardio-vascular system</u>			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary arteries</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			20. AUTOPSY? YES <input 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 June, 1947 to May 8, 1953, that I last saw the deceased alive on 4-24, 1953 and that death occurred at 11 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. O. Bayne M.D.</u>		23b. ADDRESS <u>R # 6 Fulton Mo</u>		23c. DATE SIGNED <u>5/9/1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 10 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wainwright Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>May 11-53</u>		REGISTRAR'S SIGNATURE <u>Leroy Claypool</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Andrew J. C. Mo.</u>	
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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 _____

Licensed Embalmer No. 3641

P. O. Address June

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.