

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24858**
3271
Registrar's No.

FILED JUL 17 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>4 YRS.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3240 NORLEDGE, CONV. HOME</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (MAY TWP.) 0880</u> d. STREET ADDRESS (If rural, give location) <u>2 MI. S.E. OF LINKVILLE 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>HAYNES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28, 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED ?</u>	8. DATE OF BIRTH <u>UNKNOWN</u>		
9. AGE (In years last birthday) <u>62?</u>		10a. USUAL OCCUPATION (Give kind of work depending upon most of working life, even if retired) <u>FARM LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GEN'L. FARMING</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>TEXAS 1</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VIOLA SPICER, GASHLAND 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Haemorrhage</u> ANTECEDENT CAUSES <u>Cerebral Haemorrhage</u> Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchiectasis -</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>May</u> , 1952, to <u>June 28</u> , 1953, that I last saw the deceased alive on <u>June 22</u> , 1953, and that death occurred at <u>1:30 A. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Paul A. Johnson</u> (Degree or title)			23b. ADDRESS <u>5111 Indep. Ave. K.C. Mo</u>		
23c. DATE SIGNED <u>June 28, 1953</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McGREGOR CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>McGREGOR, TEXAS</u>					
DATE REC'D BY LOCAL REG. <u>6-28-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rolland Mitchell</u> ADDRESS <u>Platte City, Mo</u>	

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

Roland M. Gifflee

Licensed Embalmer No. *4725*

P. O. Address *Platte City, 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.