

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41776

FILED DEC 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 219

972  
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1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b> <i>0970</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Miami Twn.</b> <i>0</i>	
c. LENGTH OF STAY (in this place) <b>2 Min.</b>		d. STREET ADDRESS (If rural, give location) <b>3 Mi. South West Miami, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Donald</b>	b. (Middle) <b>Ray</b>	c. (Last) <b>Haynie</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 27 1953</b>
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5. SEX <b>Male</b> <i>0</i>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b> <i>0</i>	8. DATE OF BIRTH <b>Dec. 15-1941</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR (Month) (Day) (Min.) <b>11 11 12</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Wakenda-Missouri</b> <i>0</i>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Leslie L. Haynie</b>	13b. MOTHER'S MAIDEN NAME <b>Mildred Fry</b>	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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leslie J. Haynie-Miami, Mo.</b>	ADDRESS
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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, athenia, 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) <b>Accidental; From gun shot wound - While hunting.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>wound - While hunting.</b> DUE TO (c) <b>by 22 rifle.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>E9191 43</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or building, etc.) <b>3 Miles S.W. Miami</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Miami Saline Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov. 27, 1953 4 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Accidental; While hunting</b>
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22. I hereby certify that I attended the deceased from **11-25-53**, 19**53**, and that death occurred at **4 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. L. Laureles M.D., Coroner Saline, Ca.</b>	23b. ADDRESS <b>Marshall, Mo.</b>	23c. DATE SIGNED <b>11-28-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/29/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Miami, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-30-1953</b>	REGISTRAR'S SIGNATURE <b>Sidney T. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leslie Hussey</b>	ADDRESS <b>Marshall, Mo.</b>
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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. 3235

P. O. Address Marshall, 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.