

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42675

State File No. _____

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. K212 Registrar's No. 229

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY OR TOWN <u>Blainstown</u> (If outside corporate limits, write RURAL and give township) | | c. CITY OR TOWN <u>Blainstown</u> (If outside corporate limits, write RURAL and give township) | |
| c. LENGTH OF STAY (In this place) <u>56 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>General Delivery</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Delivery</u> | | | |

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|-------------------------------------|------------------------|--------------------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LULA</u> | b. (Middle) <u>PEARL</u> | c. (Last) <u>HAINES</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | <u>Dec</u> | <u>27</u> | <u>1953</u> | |

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|----------------------|-------------------------------|---|-------------------------------------|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec 12 1878</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR: Months <u>0</u> Days <u>18</u> | IF UNDER 1 MO. Hours <u>-</u> Mins. <u>-</u> |
|----------------------|-------------------------------|---|-------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Holden Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>O S Barnett</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha A Key</u> | 14. NAME OF HUSBAND OR WIFE <u>Orlando Haines</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Orlando Haines</u> | ADDRESS <u>Blainstown Mo.</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>tuberculosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) | 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 |
|--|--|---------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on DDA, 19____, and that death occurred at 9:30P m., from the causes and on the date stated above.

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|---|--------------------------------|----------------------------------|
| 23a. SIGNATURE <u>R J Powell</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>Clinton Mo</u> | 23c. DATE SIGNED <u>12-29-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/29/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter</u> | 24d. LOCATION (City, town, or county) (State) <u>Johnson county Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec-29-53</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 4-22 | FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Fred Wilkinson Funeral Home</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

420

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 F Lee Schaberg

Licensed Embalmer No. 4593

P. O. Address Clinton Ms

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.