

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 1 1954

BIRTH NO. .... REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5542 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Boone Femmeville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Boone Femme Twp.)</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. R. #2 Higbee, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #2 Higbee, Mo</u> <u>0450</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Emmaline</u> c. (Last) <u>Haines</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 9, 1865</u>
9. AGE (In years last birthday) <u>88</u>		10. MONTH <u>3</u>	11. DAYS <u>5</u>
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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Harry T. Garrett</u>		13b. MOTHER'S MAIDEN NAME <u>Jane West</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph M. Haines</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nathan Haines Higbee, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4222</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)		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>Jan</u> , 1951, to <u>Jan 14</u> , 1954, that I last saw the deceased alive on <u>Jan 14</u> , 1954, and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>V. J. Robinson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Higbee Mo</u>	23c. DATE SIGNED <u>1-16-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/17/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howard Co. Missouri</u>
DATE REC'D BY LOCAL REG. <u>FEB 1 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Carr Favette, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Fayette, 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.