

No. 300  
10-48

FILED JUL 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23873

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Pennington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pennington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Royal, N.Y.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRASS CITY, MISSOURI</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Home</u>			

3. NAME OF DECEASED (Type or Print) <u>JOSEPH W. HAYNIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 54</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>OCT 16, 1871</u>
9. AGE (In years) (If under 1 year, last birthday) (If under 1 month, Months) (If under 1 day, Days) (If under 1 hour, Hours) (If under 1 min., Min.) <u>82 9 8</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI POWRAN</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Corrod Gin</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Corrod Gin</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A</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>DEAD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mrs. C.C. Duckery, HAYT, 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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		ANTECEDENT CAUSES			
DUE TO (b) _____		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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		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) <u>794 X</u>	
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 7-19, 1954, to 7-24, 1954, that I last saw the deceased alive on 7-23, 1954, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. B. Beecher, M.D.</u>		23b. ADDRESS <u>Southwell, Mo</u>		23c. DATE SIGNED <u>7/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/25/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	
24d. LOCATION (City, town, or county) (State) <u>Caruthersville MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Le Roy Underwriting Co</u>		ADDRESS <u>Caruthersville MO</u>	
DATE REC'D BY LOCAL REG. <u>7-27-54</u>		REGISTRAR'S SIGNATURE <u>John H. Herman</u>		406-0	

(Licensed Embalmer's Statement on Reverse Side)

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

0180

7-172-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUL 29 1954

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Caruthersville, 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.