

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3967**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **253**

1. PLACE OF DEATH  
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph** c. LENGTH OF STAY (in this place) **Most of life**  
c. CITY OR TOWN **St. Joseph** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Parkview at Sunnyslope 3225 South 11th Street**  
f. STREET ADDRESS (If rural, give location) **2317 Charles Street 0117 0**

3. NAME OF DECEASED (Type or Print) a. (First) **ALBERT** b. (Middle) **F.** c. (Last) **HAYNES** 4. DATE OF DEATH (Month) (Day) (Year) **FEBRUARY 25, 1955**

5. SEX **male 0** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **March 19, 1872** 9. AGE (In years last birthday) **82** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired collector** 10b. KIND OF BUSINESS OR INDUSTRY **Retail Dept. Stores** 11. BIRTHPLACE (City and State or Foreign Country) **Stewartsville, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William H. Haynes** 13b. MOTHER'S MAIDEN NAME **Sophia Ozenberger** 14. NAME OF HUSBAND OR WIFE **Marian**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Hattie Birkes, 904 Ashland Court,** ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pneumonia, lobar** MEDICAL CERTIFICATION **St. Joseph, Mo.** INTERVAL BETWEEN ONSET AND DEATH **3 days**  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES 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. **Arteriosclerotic heart disease** **Unknown**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES  NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **February 18, 1955**, to **February 25, 1955**, that I last saw the deceased alive on **February 25, 1955**, and that death occurred at **10:40P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Allen S. Lerman M.D.** 23b. ADDRESS **706 Francis St., St. Joseph, Mo.** 23c. DATE SIGNED **3/8/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Feb 28, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Mora Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

DATE REC'D BY LOCAL REG. **March 9, 1955** REGISTRAR'S SIGNATURE **Esther M. Allison 48 J** 25. FUNERAL DIRECTOR'S SIGNATURE **Wheeler - Bowman** ADDRESS **St. Joseph, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....  
Signature of Student Embalmer

Signed.....  
*Regene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 1/2th St. H. J. Co.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.