

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29573

BIRTH NO. 57696-55 REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>					
b. CITY OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Higginsville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Osteopathic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>0541</b>					
3. NAME OF DECEASED (Type or Print) <b>CAROL</b>				a. (First) <b>HAYNES</b>		b. (Middle) <b>HAYNES</b>			
4. DATE OF DEATH <b>Sept 7 1955</b>		c. (Last)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Sept 7 1955</b>		9. AGE (In years last birthday) <b>10</b>		10. IF UNDER 1 YEAR: Months <b>10</b> Days <b>10</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>--</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clinton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Emil Haynes</b>				13b. MOTHER'S MAIDEN NAME <b>Clara Mae Fields</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Emil Haynes (Father)</b> ADDRESS <b>Higginsville Mo.</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature birth</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>776X</b>  DUE TO (c) <b>776X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs</b>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>Sept. 7, 1955</b> , to <b>Sept 7, 1955</b> , that I last saw the deceased alive on <b>Sept 7, 1955</b> , and that death occurred at <b>7:00 p. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Edwin Wilson, M.D.</b>				23b. ADDRESS <b>Higginsville Mo</b>		23c. DATE SIGNED <b>9/10/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 8 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Muncie Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Higginsville Missouri</b>			
DATE REC'D BY LOCAL REG <b>Sept 8-55</b>		REGISTRAR'S SIGNATURE <b>Shirley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Adair O. Baker</b>		ADDRESS <b>Higginsville Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

*prepare  
burial*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~

by me, ~~embalmed~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Wm. L. Thurman* .....

Licensed Embalmer No. *4563*

P. O. Address *Richmond, Va.*

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.