

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28574

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3013		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Higginsville		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 Wetzel Osteopathic Hospital				e. STREET ADDRESS (If rural, give location) 0541			
3. NAME OF DECEASED (Type or Print) Carolyn		a. (First)		b. (Middle) Haynes		c. (Last)	
4. DATE OF DEATH Sept 8 1955		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Sept 7 1955		9. AGE (In years last birthday) 17		10. AGE (In years last birthday) 17		11. BIRTHPLACE (City and State or Foreign Country) Clinton, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Emil Haynes		13b. MOTHER'S MAIDEN NAME Clara Mae Fields		14. NAME OF HUSBAND OR WIFE		---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Emil Haynes (Father)		ADDRESS Higginsville Mo.	
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) Premature Birth		INTERVAL BETWEEN ONSET AND DEATH 17 hrs	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 776X				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 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 Sept. 7, 1955, to Sept. 7, 1955, that I last saw the deceased alive on Sept 7, 1955, and that death occurred at 2:03 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Edwin Hilson, M.D.		(Degree or title)		23b. ADDRESS Higginsville Mo.		23c. DATE SIGNED 9/10/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 8 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery		24d. LOCATION (City, town, or county) Higginsville Missouri (State)	
DATE REC'D BY LOCAL REG. Sept 8-55		REGISTRAR'S SIGNATURE Florence Uclain 423		25. FUNERAL DIRECTOR'S SIGNATURE E. H. Hader		ADDRESS Higginsville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

prepared

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