No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 6161

State File No. 39426

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 642 Registrar's No. 52

1040

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Flat Creek
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Flat Creek 1040
d. STREET ADDRESS (If rural, give location): Cape Fair - Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Jay
b. (Middle): Carl
c. (Last): Haynes

4. DATE OF DEATH (Month) (Day) (Year): Oct 25-1955

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): No
8. DATE OF BIRTH: Feb 2-1948
9. AGE (In years last birthday): 7-8-
IF UNDER 1 YEAR: Months: 20 Days: Hours: Min.:
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): Cape Fair - Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Joe Haynes
13b. MOTHER'S MAIDEN NAME: Bonnie Hammond
14. NAME OF HUSBAND OR WIFE: Not married
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.: No
17. INFORMANT'S SIGNATURE OR NAME: Bonnie McCullough
ADDRESS: Cape Fair 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Home
21c. (CITY, TOWN, OR TOWNSHIP) 1040 **(COUNTY)**: Flat Creek Stone **(STATE)**: Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 25-1955-9:45
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Hit By Car.

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 4:45 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond - Coroner Stone Co.
23b. ADDRESS: Galena Mo
23c. DATE SIGNED: 26 Oct 55.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 28-1955
24c. NAME OF CEMETERY OR CREMATORY: Cape Fair
24d. LOCATION (City, town, or county) (State): Cape Fair Mo.

DATE REC'D BY LOCAL REG.: Oct. 27-55
REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brossier 317.
25. FUNERAL DIRECTOR'S SIGNATURE: Everett G. Cheatham
ADDRESS: Galena Mo.

per Lena Thurman (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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.