

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39701**

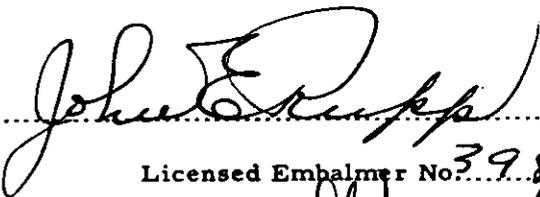
BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1397</u>			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph,)		c. LENGTH OF STAY (in this place) 47 yrs		c. CITY OR TOWN St. Joseph		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 809 W. Hyde Park Ave				e. STREET ADDRESS (If rural, give location) 809 W. Hyde Park Ave 0110					
3. NAME OF DECEASED (Type or Print) a. (First) Roy			b. (Middle) Haynes			c. (Last) Haynes		4. DATE OF DEATH (Month) (Day) (Year) Dec 26, 1955	
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH May 18, 1908		9. AGE (In years last birthday) 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Packing House		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Philip Haynes			13b. MOTHER'S MAIDEN NAME Rebecca Reed			14. NAME OF HUSBAND OR WIFE None given			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 553-14-2796		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Gross			ADDRESS St. Joseph, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 week	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		<p>DUE TO (b) signed as city health officer</p> <p>DUE TO (c) for unattended deaths in city of St. Joseph</p>							
		<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. St. Joseph</p>							
		19a. DATE OF OPERATION							
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)		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 12-26-55 , 19 <u>55</u> , to _____, 19____, that I haven't ever seen last saw the deceased alive on _____, 19____, and that death occurred at 7:00 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE Richard L. Maguire M.D. assistant city health officer				23b. ADDRESS 1218 N. 3rd St., St. Joseph, Mo.			23c. DATE SIGNED 12-26-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/28/55		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo			
DATE REC'D BY LOCAL REG. Jan 9, 1956		REGISTRAR'S SIGNATURE Catharine M. Allison			25. FUNERAL DIRECTOR'S SIGNATURE John Schupp		ADDRESS St. Joseph, Mo		

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, ~~on~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 3986

P. O. Address: Joseph.....

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.