

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43401**

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY OR TOWN Palmyra	c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN Palmyra	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 904 N. Main St.		STREET ADDRESS (If rural, give location) 904 N. Main St.	

3. NAME OF DECEASED (Type or Print) a. (First) Isaac	b. (Middle) (none)	c. (Last) Hainline	4. DATE OF DEATH (Month) Dec (Day) 31 (Year) 1955
5. SEX male	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 16, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY farm	9. AGE (In years last birthday) 69
		11. BIRTHPLACE (City and State or Foreign Country) Marion County Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hainline	13b. MOTHER'S MAIDEN NAME Jane French	14. NAME OF HUSBAND OR WIFE Maggie Hainline
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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 Maggie Hainline, 904 N. Main, Palmyra, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH Seconds
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Stand still		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ 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 checked="" type="checkbox"/>
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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) (Min)	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 1954, to 31 Dec, 1955, that I last saw the deceased alive on 23 Dec, 1955, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wyeth Hamlin M.D.	23b. ADDRESS Palmyra Mo.	23c. DATE SIGNED 1/3/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3, 1956	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Palmyra, Mo.
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DATE REC'D BY LOCAL REG. 1-3-56	REGISTRAR'S SIGNATURE Ray Viola Sec. Dept. H. S. Sprague	25. FUNERAL DIRECTOR'S SIGNATURE J. S. Sprague	ADDRESS Palmyra, Missouri
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(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED FEB 11 1956
MARION CO. HEALTH DEPT.
DATE FILED FEB 11 1956

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... *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Palmyra, Pa.*

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.