

FILED FEB 15 1956

STANDARD CERTIFICATE OF DEATH

State File No. 617  
Registrar's No. 10

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 4408

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton		c. CITY OR TOWN Stockton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 310 E. Spring St.		e. STREET ADDRESS (If rural, give location) 310 E. Spring St.	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) DEGOLIA	c. (Last) HAINES	4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH Nov. 21, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 14	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Box Maker	11. BIRTHPLACE (City and State or Foreign Country) Stockton, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John A. Haines	13b. MOTHER'S MAIDEN NAME Martha Younger	14. NAME OF HUSBAND OR WIFE
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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 # 486-05-0009	17. INFORMANT'S SIGNATURE OR NAME Charles Haines, Stockton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Cardio-Vascular disease. Cardiac Decompensation</i>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 11:21, 1956, to 2:31, 1956, that I last saw the deceased alive on 2:31, 56, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE Wm. B. Richter M.D.	(Degree or title)	23b. ADDRESS Stockton Mo	23c. DATE SIGNED 2-7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-7-1956	24c. NAME OF CEMETERY OR CREMATORY Dunnegan Cemetery	24d. LOCATION (City, town, or county) (State) Polk County, Mo.
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DATE REC'D BY LOCAL REG. 2-11-56	REGISTRAR'S SIGNATURE Geneva Garrison	154	25. FUNERAL DIRECTOR'S SIGNATURE Cantlow Funeral Home, Stockton, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *John A. Cantlon*.....

Licensed Embalmer No. *438*

P. O. Address *Stockton*

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.