

FILED OCT 3 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

30740

4034

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia 0105 1
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Length of stay in lb 1 Day	d. STREET ADDRESS (If outside, give location) 1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ELI Middle S. Last HAYNES			4. DATE OF DEATH Month September Day 13 Year 1956		
5. SEX Male 0	6. COLOR OR RACE % White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 12, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Prof. Emeritus of Astronomy,	10b. KIND OF BUSINESS OR INDUSTRY Columbia, Mo.	11. BIRTHPLACE (City and state or country) Trenton, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Aaron Haynes	14. MOTHER'S MAIDEN NAME Philena Briggs
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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 NO. None	17. INFORMANT Mamie Mode Haynes, Columbia, Missouri
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation 15 min		INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Ventricular Tachycardia 20 min	5 days
	DUE TO (c) Acute Myocardial Infarction	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 Coronary Artery Sclerosis + Occlusion		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201
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20c. TIME OF INJURY Hour 11:45 a.m. Month, Day, Year 9-13-56 g. m. 11:45 p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 4201	20f. CITY, TOWN, OR LOCATION Columbia	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from 9-12-56 to 9-13-56 and last saw ^{her} him alive on 9-13-56 Death occurred at 11:45 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Graham Asher M.D. 0	22b. ADDRESS 1220 Professional Bldg. Kansas City 8 - Mo	22c. DATE SIGNED 9-13-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/13/56	23c. NAME OF CEMETERY OR CREMATORY 4201	23d. LOCATION (City, town, or county) (State) Columbia, Missouri
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24. FUNERAL DIRECTOR STINE & McCLURE UND. CO., K. C. MO.	ADDRESS 4201	25. DATE RECD. BY LOCAL REG. 9-14-56	26. REGISTRAR'S SIGNATURE Reva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Graham Asher

MEDICAL CERTIFICATION

OCT 23 1956

MAY 28 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.....
Ernest J. [Signature]

Licensed Embalmer No. 4

P. O. Address.....
Kennett, Ct

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.