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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
Done by Dr. J. H. [unclear] 2/1/57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6275

FILED FEB 25 1957

STATE FILE NUMBER

982

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Cook		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chicago, Ill.		8/208 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hosp.			Length of stay in 1b	d. STREET ADDRESS 311 North Central	
3. NAME OF DECEASED (Type or print) First Hugh Middle Guy Last Haynie			4. DATE OF DEATH Month Jan. Day 29 Year 1957		
5. SEX Male	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 Feb. 3, 1924	9. AGE (In years last birthday) 32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Penn Railroad	11. BIRTHPLACE (City and state or country) Atlanta, Ga.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charlie D. Haynie			14. MOTHER'S MAIDEN NAME Hilda Crawford		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No W.W.II		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Hilda Giblen 35 North Central Chicago, Ill.		
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of skull</i> DUE TO (b) <i>Brain, when deceased shot</i> DUE TO (c) <i>self after shooting Juan Haynie</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>(wife) in front of house</i>					INTERVAL BETWEEN ONSET AND DEATH <i>and</i>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 4307 McPherson Ave., about		
20c. TIME OF INJURY Hour 9:45 a. m. Month 1 Day 29 Year 1957		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street	20e. CITY, TOWN, OR LOCATION St Louis Mo		20f. COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Patrick Taylor Coroner			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1/30/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-30-57	23c. NAME OF CEMETERY OR CREMATORY Hollywood Cemetery		23d. LOCATION (City, town, or county) (State) Atlanta, Ga.	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. JAN 30 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith MO	

(Licensed Embalmer's Statement on Reverse Side)

m 8 B.

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.....
Stanley H. Aik

Licensed Embalmer No. *41*

P. O. Address.....
S. H.

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.