V.S. No. 300
Rev. 10.48

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 47742

BIRTH NO. [illegible] REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5250 Registrar's No. 17

0410
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1. PLACE OF DEATH Not Known Mo. River
a. COUNTY between Carroll & Saline Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Mo. River
c. LENGTH OF STAY (In this place) ———
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Miami River Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marshall, Mo. 0972
d. STREET ADDRESS (If rural, give location) 228-East North St.

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Pemberton c. (Last) Haynie

4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 27, 1876
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY General Farming
11. BIRTHPLACE (City and State or Foreign Country) Miami, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lawerence Haynie
13b. MOTHER'S MAIDEN NAME Emma Robertson
14. NAME OF HUSBAND OR WIFE Lucinda Haynie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-40-3559
17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Lewis Jr. Marshall, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

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
This man disappeared Nov 21 1957 and his body was found in Mo. River in Chariton County 3/25/58

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 915X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mo River Bridge
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Highway Bridge across Mo River between Saline & Carroll Counties
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Supposed to have jumped from Bridge

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at Not Known m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. D. Garrett Coroner of Chariton County
23b. ADDRESS Keytesville Mo
23c. DATE SIGNED 3/28/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 28, 1958
24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery
24d. LOCATION (City, town, or county) (State) Marshall, Mo.

DATE REC'D BY LOCAL REG. Mar 27-1958
REGISTRAR'S SIGNATURE M. Boone Dovie Smith Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. D. Garrett Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 7 1958

APR 2 - '58

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 ..... Student Embalmer

Signed H. D. Garrett

Licensed Embalmer No. 3046

His body was not Embalmed

P. O. Address Kingsville Mo.

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 this body is not embalmed, fact should be so stated above.