

FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

381

XC-
REG. NO. 15727

Registration District No. 43

Primary Registration District No. 3007

STATE FILE NUMBER 129
Registrar's No.

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57
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1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NEELYVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL 1 DAY		Length of stay in 1b 1 DAY	d. STREET ADDRESS NONE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM ROBERT HAYNES First Middle Last			4. DATE OF DEATH JANUARY 10, 1958 Month Day Year
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-24-94
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION HAND		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) NEELYVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME SAMUEL HAYNES		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE MATTIE HAYNES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOGENIC CARCINOMA WITH MULTIPLE METASTASES.			INTERVAL BETWEEN ONSET AND DEATH 1 Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Jan. 9, 1958 to Jan. 10, 1958 Death occurred at 10:40 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. D. TURNER, M. D., Actg. Chief, Med. Svc. (Degree or title)		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
22c. DATE SIGNED 1-13-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-14-58	
23c. NAME OF CEMETERY OR CREMATORY NEELYVILLE CEM.		23d. LOCATION (City, town, or county) (State) NEELYVILLE - Mo.	
24. FUNERAL DIRECTOR Gene Rount-Naylor, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 1/18/58	
26. REGISTRAR'S SIGNATURE R. F. Murrell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

JAN 20 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

FEB 19 1958

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 *Gene Harrent* _____

Licensed Embalmer No. *4809*
P. O. Address *Douglas*

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.