

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006354

STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 299

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>LINN</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>		a. STATE <u>MO.</u>		b. COUNTY <u>LINN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u>		Length of stay in 1b <u>3 DAYS</u>		c. CITY OR TOWN <u>MARCELINE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First <u>Wilbert</u>		Middle <u>Dorman</u>		Last <u>Haynes</u>		Month <u>2</u> Day <u>14</u> Year <u>1958</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<u>Oct 26 1917</u>		<u>40</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
<u>Carpenter</u>				<u>SELF EMPLOYED</u>		<u>HART MO.</u>	
13. FATHER'S NAME				12. CITIZEN OF WHAT COUNTRY?			
<u>Sidney E Haynes</u>				<u>USA</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. MOTHER'S MAIDEN NAME	
<u>yes</u>				<u>W. W. II</u>		<u>Bertha May Hodgerson</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Cerebral Anemia</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <u>Basilar Skull Fracture</u>			
				DUE TO (c) <u>Chorea - due to prolonged stroke embolism to brain - fracture of left leg</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" 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.)			
<u>Automobile Accident</u>							
20c. TIME OF INJURY				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
Hour <u>7:30 P</u> Month <u>2</u> Day <u>14</u> Year <u>58</u>				20f. CITY, TOWN, OR LOCATION <u>Marceline</u> COUNTY <u>Linn</u> STATE <u>MO.</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21. I attended the deceased from <u>Feb 12 1958</u> to <u>Feb. 14 1958</u> and last saw <u>him</u> alive on <u>2-14-58</u>							
Death occurred at <u>7:30 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>George Spyer</u> (Degree or title)				22b. ADDRESS <u>Marceline Missouri</u>		22c. DATE SIGNED <u>2-15-58</u>	
23a. BURIAL CREMATION <u>BURIAL</u>		23b. DATE <u>2-16-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>MARCELINE MO.</u>	
24. FUNERAL DIRECTOR <u>MILLER-TILLOTSON</u> ADDRESS <u>MO. MARCELINE</u>				25. DATE RECD. BY LOCAL REG. <u>2-15-58</u>		26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

800-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 28 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 *Silburn K. Tillat*

Licensed Embalmer No. *45*

P. O. Address *Marcel*

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.