

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011714

STATE FILE NUMBER

FILED MAR 31 1958

1003

3398

Registration District No. _____

318

Primary Registration District No. _____

Registrar's No. _____

300
1-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>None</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		d. STREET ADDRESS (If outside, give location) <u>19 4116 Delmar</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle _____ Last <u>Haney</u>		4. DATE OF DEATH Month <u>3</u> Day <u>22</u> Year <u>58</u>	
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 9, 1920</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>38</u>
11. BIRTHPLACE (City and state or country) <u>Gaffney, S.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Brooks Haney</u>		13b. MOTHER'S MAIDEN NAME <u>Selma</u>	
13c. NAME OF HUSBAND OR WIFE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <u>Korean</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Agnes Brown</u>		Address <u>4139 W. Ball, St. Louis, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bleeding Esophageal Varices</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>581.0</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cirrhosis of the Liver and Probable Hepatic Coma</u>			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.) <u>2</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>St. Louis</u>		20f. COUNTY STATE	
21. I attended the deceased from <u>3-18-58</u> to <u>3-22-58</u> and last saw ^{him} her alive on <u>3-22-58</u> Death occurred at <u>7:25</u> a. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. O. Richards</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>2601 N. Whittier St.</u>	
22c. DATE SIGNED <u>3-24-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Mar. 28, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Philadelphia</u>		23d. LOCATION (City, town, or country) (State) <u>Gaffney S. Carolina</u>	
24. FUNERAL DIRECTOR <u>G.W. Bruce</u>		ADDRESS <u>4469 Washington, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>MAR 24 '58</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coronator, etc.: must use only standard nomenclature in their report. All symptoms with no related. All diseases in Part I must be causally related.

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 *Frederick P. Stark*

Licensed Embalmer No. *4599*

P. O. Address *St. Louis*

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.