

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033832
STATE FILE NUMBER

Health, Welfare Public Service
300
1-56
All symptoms will be listed. All 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
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED OCT 2 1958 Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>527 Fulton</i>		Length of stay in lb <i>55 years</i>	
d. STREET ADDRESS <i>527 Fulton</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>CARL</i> Middle <i>-</i> Last <i>HAYNES</i>		4. DATE OF DEATH <i>Sept-22-1958</i> Month <i>Sept</i> Day <i>22</i> Year <i>1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct-3-1880</i> Month <i>Oct</i> Day <i>3</i> Year <i>1880</i>
9. AGE (In years last birthday) <i>77</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Civil Engineer Retired</i>	
11. BIRTHPLACE (City and state or country) <i>Cairo Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Finis Ewing Haynes</i>		14. MOTHER'S MAIDEN NAME <i>Bernadia Agnes Wilson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Mrs. Hattie Haynes Moberly Mo.</i> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Inunction & Debility</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Basal Cell Carcinoma left side of face</i> DUE TO (c) <i>1913</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>Severe Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 mo</i> <i>2 year</i>
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 <i>-</i> Month <i>-</i> Day <i>-</i> Year <i>-</i> a. m. <i>-</i> p. m. <i>-</i>			
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 <i>April 1, 1958</i> , to <i>Sept. 22, 1958</i> and last saw <i>him</i> alive on <i>Sept 21, 1958</i> Death occurred at <i>6:00 p m</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Declarer or title) <i>M. C. Exley D.D.</i>		22b. ADDRESS <i>Hunterville, MO</i>	
22c. DATE SIGNED <i>9-22-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Sept-24-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Moberly Mo.</i>	
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>9-22-58</i>	
26. REGISTRAR'S SIGNATURE <i>Heale D. Lawrence</i>			

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1963

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 *R. M. Carter*

Licensed Embalmer No. *411*

P. O. Address *Moherly 9*

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.