

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039343

STATE FILE NUMBER

FILED NOV 25 1958

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 152

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Saline | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Boonville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Marshall |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp | | Length of stay in 1b 2 wks | d. STREET ADDRESS (If outside, give location) gen del. |
| 3. NAME OF DECEASED (Type or print) First Middle Last THOMAS O. HAYNES | | | 4. DATE OF DEATH Month Day Year Nov. 18, 1958 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 29, 1886 |
| 9. AGE (In years last birthday) 72 | 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) custodian | | 10b. KIND OF BUSINESS OR INDUSTRY school | 11. BIRTHPLACE (City and state or country) Osage County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME David Haynes | | 13b. MOTHER'S MAIDEN NAME Laura Renfro | 14. NAME OF HUSBAND OR WIFE Beulah Haynes |
| 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. unknown | 17. INFORMANT Cecil Haynes Kansas City, Kans. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Infarction - Heart Failure. Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) Abdomino-Perineal Bowel Resection for Carcinoma Rectum } DUE TO (c) Known cardiac risk } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Known cardiac risk | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 7 days |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 154X | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 11/3/58 to 11/18/58 and last saw him alive on 11/18/58 Death occurred at 9:03 PM. p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE E. T. Humphreys MD | | 22b. ADDRESS Boonville, Mo | 22c. DATE SIGNED 11/19/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 11/21/58 | 23c. NAME OF CEMETERY OR CREMATORY Union Cemetery | 23d. LOCATION (City, town, or county) (State) Bland, Mo. |
| 24. FUNERAL DIRECTOR Sassman Funeral Home Bland, Mo. | | 25. DATE RECD. BY LOCAL REG. 11/21/58 | 26. REGISTRAR'S SIGNATURE D. Hooper |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NOV 25 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 *Berry W. Harber*

Licensed Embalmer No. *3944*
P. O. Address *Boonville*

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.