

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000965  
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b> <sup>0396</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge</b>		d. STREET ADDRESS <b>1036 W. Florida</b> (If outside, give location)	
Length of stay in lb <b>85 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ARTHUR</b> Middle <b>RAYMOND</b> Last <b>HAYNES</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>27</b> Year <b>1959</b>		
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5. SEX <b>Male</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 16, 1873</b>	9. AGE (In years last birthday) <b>85</b>	10. FUNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Streetcar Motorman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Traction Co.</b>	11. BIRTHPLACE (City and state or country) <b>Springfield, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs. Minnie Haynes Springfield, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b>		<b>Yrs</b>
DUE TO (c) <b>Congestive heart failure</b>		<b>4200</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4200</b>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20c. TIME OF INJURY Hour <b>8:55</b> Month <b>Jan.</b> Day <b>27</b> Year <b>1959</b> a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Springfield, Mo.</b>	20f. CITY, TOWN, OR LOCATION <b>Springfield, Mo.</b>	COUNTY <b>Greene</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>1950</b> to <b>Jan. 27, 1959</b> and last saw him alive on <b>Jan. 27, 1959</b> Death occurred at <b>8:55</b> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Arthur M. D.</b> (Degree or title)	22b. ADDRESS <b>Springfield, Mo.</b>	22c. DATE SIGNED <b>1-28-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-30-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenbush</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
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24. FUNERAL DIRECTOR <b>Ralph Thieme Springfield, Mo. LM</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-2-59</b>	REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Secondary, tertiary, etc. causes in Part I must be causally related. All diseases in Part I must be causally related.

300  
1-57

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 *Lee Mason* .....

Licensed Embalmer No. 4568 .....

P. O. Address Springfield, Mo. .....

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.