IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS MAR 4 1960

60-007698
STATE FILE NUMBER

NDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Randolph	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Rand.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b	c. CITY OR TOWN Moberly — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fisk Ave. Rd. West — Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) Fisk Ave. Rd. West — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Margie Middle Jeane Last Haynes

4. DATE OF DEATH: Month 2 Day 25 Year 60

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/5/1928

9. AGE (last birthday): 31

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

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): Rand. Co., Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William H. Haynes

13b. MOTHER'S MAIDEN NAME: Mary L. Maxey

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: William H. Haynes Address: Moberly, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral embolism	18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic myocarditis	Months
DUE TO (c)	Cirrhosis of liver	Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Microcephalic

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 June 1958, to 2-25-60 and last saw ~~him~~ her alive on 2-25-60

Death occurred at ___ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. H. McCormick D.O.

22b. ADDRESS: Moberly, Mo.

22c. DATE SIGNED: 2-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/27/60

23c. NAME OF CEMETERY OR CREMATORY: Oakland

23d. LOCATION (City, town, or county) (State): Moberly, Missouri

24. FUNERAL DIRECTOR: Marion F. Million ADDRESS: Moberly, Mo.

25. DATE RECD. BY LOCAL REG.: 2-27-60

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Erma M. Mille

Signature of Student Embalmer

Licensed Embalmer No. 3956

P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.