

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, give TOWNSHIP only) Caruthersville		Length of stay in lb 5 Yrs.		c. CITY OR TOWN Caruthersville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 311 Cotton Avenue			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 311 Cotton Ave.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Curtis Middle Samuel Last Haynes Sr.				4. DATE OF DEATH Month July Day 29 Year 1960			
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 9/7/03	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic - Automobile		10b. KIND OF BUSINESS OR INDUSTRY Auto-mechanic		11. BIRTHPLACE (City and state or country) Carroll County, Tenn.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lonnie Haynes			13b. MOTHER'S MAIDEN NAME Lillie Everett		14. NAME OF HUSBAND OR WIFE Effilee Gravitt Haynes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 424 056 538		17. INFORMANT Effilee Haynes - Caruthersville, Mo. Address: 311 Cotton Avenue			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic Carcinoma Left lung							INTERVAL BETWEEN ONSET AND DEATH 4 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - DUE TO (c) -							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 - Month, Day, Year -							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		20f. CITY, TOWN, OR LOCATION Caruthersville, Pemiscot, Missouri		COUNTY STATE	
21. I attended the deceased from April 1, 1960 to August 29, 1960 and last saw ^{her} him alive on July 29, 1960 Death occurred at 9:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>P. L. Aquino, M.D.</i> (Degree or title)				22b. ADDRESS Caruthersville, Mo.		22c. DATE SIGNED 7-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 1, 1960	23c. NAME OF CEMETERY OR CREMATORY Bradford Cemetery		23d. LOCATION (City, town, or county) (State) Bradford, Tennessee			
24. FUNERAL DIRECTOR H.S. Smith Funeral Home - C'ville, Mo.				25. DATE RECD. BY LOCAL REG. 7-30-1960		26. REGISTRAR'S SIGNATURE <i>Jack W. Tipton</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 8 1960

AUG 10 1960

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 _____
Signature of Student Embalmer

Signed W. Dewey Fike

Licensed Embalmer No. 4474
P. O. Address Caruthersville

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.