

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

--60-034190

FILED VS. OCT 18 1960 73

Primary Registration District No. 5291 Registrar's No. 103

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Colorado</i> b. COUNTY <i>Otero</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Liberty</i>		Length of stay in 1b <i>3 mos</i>	c. CITY OR TOWN <i>Manzanola</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>I.O.O.F. Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>-</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>HENRY</i> Middle <i>LOUIS</i> Last <i>HAINDS</i>			4. DATE OF DEATH Month <i>Oct</i> Day <i>5</i> Year <i>1960</i>			
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-15-1876</i>	9. AGE (last birthday) <i>84</i>	IF UNDER 1 YEAR Months <i>-</i> Days <i>-</i>	IF UNDER 24 HR Hours <i>-</i> Min. <i>-</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Appl. Keeper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Beer</i>	11. BIRTHPLACE (City and state or country) <i>Chariton Co., Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Henry N. Hains</i>	13b. MOTHER'S MAIDEN NAME <i>Frances Neal</i>	14. NAME OF HUSBAND OR WIFE <i>Cora B. Hains</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mrs. Glenn Todd, Holt, Mo.</i>	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) <i>Paraplegia - probably caused from sclerosis of Cords.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 mos</i>
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
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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.)
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20c. TIME OF INJURY Hour <i>-</i> a.m. <i>-</i> p.m. <i>-</i>	Month, Day, Year
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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
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21. I attended the deceased from *July 1960* to *Oct 5 1960* and last saw him alive on *Oct 5 1960*  
Death occurred at *10:15 A* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Wm. G. Gossman</i>	(Degree or title)	22b. ADDRESS <i>Liberty Mo</i>	22c. DATE SIGNED <i>10/6/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10-5-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Manzanola</i>	23d. LOCATION (City, town, or county) (State) <i>Manzanola Colo.</i>
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24. FUNERAL DIRECTOR <i>Fry Funeral Home, Kearney, Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Oct. 8, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Mabel Straham</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs

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.