URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 15 1960

-60-037976

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. Registrar's No. 82

ENDED

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN King City — Length of stay in 1b 14 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo, b. COUNTY Gentry
c. CITY OR TOWN King City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: William Middle: Edwin Last: Haskins

4. DATE OF DEATH Month: Nov. Day: 2, Year: 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/14/74
9. AGE (last birthday) 85
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self.employed
11. BIRTHPLACE (City and state or country) Andrew Co, Missouri
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME John Haskins
13b. MOTHER'S MAIDEN NAME Mellisa Storms
14. NAME OF HUSBAND OR WIFE Gertrude Haskins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO. —
17. INFORMANT Gertrude Haskins Address King City, 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)	Acute Circulatory Failure	1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Hemorrhage	1 hr
DUE TO (c)	Cerebral Arteriosclerosis	15 yrs

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. ☐ 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 Aug 1st 1960, to Nov 2nd 1960 and last saw him alive on Nov. 2, 1960
Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Fischer, D.O.
22b. ADDRESS King City, Mo
22c. DATE SIGNED 11-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov.5,60
23c. NAME OF CEMETERY OR CREMATORY Star Chapel
23d. LOCATION (City, town, or county) (State) W. King City, Missouri

24. FUNERAL DIRECTOR Roland D. Clark ADDRESS King City, Mo.
25. DATE RECD. BY LOCAL REG. 11-6-60
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 1 9 1950

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 Roland D Clark

Signature of Student Embalmer

Licensed Embalmer No. 447

P. O. Address King City Va

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.