

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042738

FILED VS NOV 20 1960

Primary Registration District No. 3040 Registrar's No. 224

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LIVINGSTON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LIVINGSTON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE		Length of stay in 1b 50 yrs.	c. CITY OR TOWN CHILLICOTHE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 213 GRAVES ST.		
3. NAME OF DECEASED (Type or print) First Middle Last MARTIN BENJAMIN HAINES			4. DATE OF DEATH Month Day Year NOVEMBER 20, 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 8/7/1904	9. AGE (last birthday) 56 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) LIVINGSTON CO., MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME BENJAMIN S. HAINES		13b. MOTHER'S MAIDEN NAME SUSAN JANE AYRES		14. NAME OF HUSBAND OR WIFE OPAL ROMANE JONES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-32-5085	17. INFORMANT FRED B. HAINES		Address 213 Graves St. Chillicothe, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
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 a.m. p.m. 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		COUNTY STATE	
21. I attended the deceased from Oct 24-1960 to Nov 20-60 and last saw him alive on Nov 20-60 Death occurred at 9:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Joseph F. Gale M.D.			22b. ADDRESS Chillicothe Mo		22c. DATE SIGNED 11-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/22/60	23c. NAME OF CEMETERY OR CREMATORY RESTHAVEN CEMETERY		23d. LOCATION (City, town, or county) (State) CHILLICOTHE, MISSOURI		
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: CHILLICOTHE, MO.			ADDRESS Nov 21, 1960	25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Annalee Taylor		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 1 1960

SEP 24 1962

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

Edward F. Newman

Licensed Embalmer No. 4036

P. O. Address Chillicothe,

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.