MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-026307
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 298

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0168
2 0168 2
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4 1
5 2
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12 1-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | DOCUMENT

ITEM NO. | SHOULD READ | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Ringland

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 40 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cape Osteopathic Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1201 So. Ranney St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary — Middle: Emma — Last: Haines
4. DATE OF DEATH: Month: June — Day: 18 — Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/12/1875
9. AGE (last birthday): 86 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Dexter, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Wm. M. Webb
13b. MOTHER'S MAIDEN NAME: Miranda Pearson
14. NAME OF HUSBAND OR WIFE: Bert Haines
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: Marjorie Hobbs — Address: Cape Girardeau, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Sub endocardial infarction with circulatory collapse — INTERVAL BETWEEN ONset AND DEATH: 18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): hypertension & heart disease — ?
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): fracture of surgical neck humerus
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.): fell out of bed at home
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 13, 1962, to June 18, 1962 and last saw her alive on June 18, 1962
Death occurred at 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George W. Ringland M.D. (Degree or title)
22b. ADDRESS: 46 N Main Cape Girardeau Mo
22c. DATE SIGNED: June 20, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/20/1962
23c. NAME OF CEMETERY OR CREMATORY: Hobbs Chapel Cemt.
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR — ADDRESS: L. L. Haman-Cape Girardeau, Mo.
25. DATE REC'D BY LOCAL REG.: 7-14-62
26. REGISTRAR'S SIGNATURE: Irene Karsten

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Howard L Hansen

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

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.