

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-037618

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 73

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 16 1962

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Filmore Township		Length of stay in 1b 12 years	c. CITY OR TOWN Glen Allen
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Glen Allen, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Glen Allen
3. NAME OF DECEASED (Type or print) First Lora Middle E. Last Haynes		4. DATE OF DEATH Month Oct Day 1st Year 1962	
5. SEX Female	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 2/1/1887
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 7 Days 1	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 None	11. BIRTHPLACE (City and state or country) Latesville, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Wally Windchester	
13b. MOTHER'S MAIDEN NAME Elizabeth Revelle		14. NAME OF HUSBAND OR WIFE Adolph C. Haynes	
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. None	17. INFORMANT Adolph C. Haynes Address Glen Allen, 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) Ventricular Fibrillation DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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 7-23-62 to 10-6-62 and last saw ^{her} 9-30-62 alive on _____ Death occurred at 10-1-62 530A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John Beaglehart</i> (Degree or title)		22b. ADDRESS Latesville Mo	22c. DATE SIGNED 10-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 3, 1962	23c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery	23d. LOCATION (City, town, or county) (State) Advance rt Missouri
24. FUNERAL DIRECTOR Coy Shitky ADDRESS Latesville, Missouri		25. DATE RECD. BY LOCAL REG. Oct. 13/62	26. REGISTRAR'S SIGNATURE <i>Mo. B. Bradford Crader</i>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 19 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 J. S. Korman

Licensed Embalmer No. 4086

P. O. Address Malden

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.