

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042260

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1750

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10397
20397

3
4 0
5 2
6
7 0
8 2
94201

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED NOV 27 1962</p> <p>1. PLACE OF DEATH a. COUNTY GREENE</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY GREENE</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD</p>		<p>Length of stay in 1b</p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge Hospital</p>		<p>d. STREET ADDRESS (If outside, give location) 1007 N. Fremont</p>	
<p>3. NAME OF DECEASED (Type or print) First ROY Middle L. Last HAYNES</p>		<p>4. DATE OF DEATH Month November Day 25, Year 1962</p>	
<p>5. SEX Male</p>		<p>6. COLOR OR RACE White</p>	
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH 6/13/1878</p>	
<p>9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman</p>		<p>9b. KIND OF BUSINESS OR INDUSTRY Retired</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Retired</p>	
<p>11a. FATHER'S NAME Hiram Haynes</p>		<p>11b. MOTHER'S MAIDEN NAME Unknown</p>	
<p>12a. FATHER'S NAME Hiram Haynes</p>		<p>12b. MOTHER'S MAIDEN NAME Unknown</p>	
<p>13a. FATHER'S NAME Hiram Haynes</p>		<p>13b. MOTHER'S MAIDEN NAME Unknown</p>	
<p>14. NAME OF HUSBAND OR WIFE Deceased</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>	
<p>16. SOCIAL SECURITY NO. Unknown</p>		<p>17. INFORMANT Mrs. Richard Mitchell (Niece) Springfield, Mo.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion</p>		<p>INTERVAL BETWEEN ONSET AND DEATH minutes</p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>		<p>DUE TO (b)</p>	
<p>DUE TO (c)</p>		<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		<p>20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION 1950</p>		<p>20g. COUNTY Springfield</p>	
<p>20h. STATE Missouri</p>		<p>21. I attended the deceased from 1950 to 11/25/62 and last saw him alive on Nov. 5 1962 Death occurred at DOA 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE <i>[Signature]</i></p>		<p>22b. ADDRESS 600 S. Glenstone SPRINGFIELD Missouri</p>	
<p>22c. DATE SIGNED 11-26-62</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	
<p>23b. DATE 11/27/62</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery</p>	
<p>23d. LOCATION (City, town, or county) Springfield, Missouri</p>		<p>24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. SPRINGFIELD Mo.</p>	
<p>25. DATE RECD. BY LOCAL REG. 11-26-62</p>		<p>26. REGISTRAR'S SIGNATURE <i>[Signature]</i></p>	

Jhc

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1962

Permit 11-26-62

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

[Handwritten Signature]

Licensed Embalmer No. 4071
P. O. Address *[Handwritten Address]*

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.