

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29395

BIRTH NO. REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4175 Registrar's No. 26

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Dunklin</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Hornersville</b>  |  | c. LENGTH OF STAY (In this place)<br><b>55 yrs</b>   |  | c. CITY OR TOWN <b>Hornersville</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <b>XX</b> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>  |  |  |  | f. STREET ADDRESS (If rural, give location) <b>0350</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>John</b>   |  | a. (First)   |  | b. (Middle) <b>M.</b>  |  | c. (Last) <b>Haire</b>   |  |
| 4. DATE OF DEATH <b>Sept. 10th- 1955</b>   |  | 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                      |  |
| 8. DATE OF BIRTH <b>Apr. 10- 1876</b>  |  | 9. AGE (In years last birthday) <b>79</b>  |  | 10. MONTHS <b>5</b>  |  | 11. DAYS <b>0</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Anna ILL</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME <b>William Haire</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Laura Haire</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>   |  | 16. SOCIAL SECURITY NO. <b>XX</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Edith Hamrick</b> ADDRESS <b>Hornersville Mo.</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>arteriosclerotic cardiovascular disease</b><br><br>DUE TO (c) <b>4201</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                        |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>1-10</b> , 19 <b>55</b> , to <b>9-10</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>9/7</b> , 19 <b>55</b> , and that death occurred at <b>4 A</b> m., from the causes and on the date stated above.  |  |  |  |  |  |  |  |
| 23a. SIGNATURE <b>R. F. Paluszke</b> (Degree or title) <b>M.D.</b>   |  | 23b. ADDRESS <b>Hornersville Mo.</b>   |  | 23c. DATE SIGNED <b>9/16/55</b>  |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>9-12-55</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Hornor Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Hornersville Mo.</b>                                      |  |
| DATE REC'D BY LOCAL REG. <b>9-16-55</b>  |  | REGISTRAR'S SIGNATURE <b>Bertha Kingdoling</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Lentz Service</b> ADDRESS <b>Kennett Mo.</b>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 9-23-53  
COUNTY FILE NUMBER 953-212

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**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 *Edgar Lee Ford*

Licensed Embalmer No. 4433

P. O. Address Kennett 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.