MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-030767

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2733 STATE FILE NUMBER

FILED JUL 22 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4000		
2	0940		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	331 X		
10			
11			
12	48-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS, MO.
Length of stay in 1b: 5HRS 45MIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SAINT FRANCOIS
c. CITY OR TOWN: FARMINGTON
Inside Limits: Yes ☒ No ☑
d. STREET ADDRESS (If outside, give location): 804 WEST LIBERTY
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JESSE Middle M. Last HAYNES
4. DATE OF DEATH: Month 7 Day 12 Year 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-4-1888
9. AGE (last birthday): 74 YRS
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): MOTORMAN
10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
11. BIRTHPLACE (City and state or country): FARMINGTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: ABRAHAM HAYNES
13b. MOTHER'S MAIDEN NAME: FRANKIE (UNKNOWN)
14. NAME OF HUSBAND OR WIFE: EDNA P. HAYNES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 702 09 1659
17. INFORMANT (Name, relationship, and address): NEXT OF KIN FARMINGTON, MO. MRS. EDNA P. HAYNES 804 WEST LIBERTY

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): CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 8 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): HYPERTENSION AND ARTERIOSCLEROSIS — YEARS
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): HYPERTENSIVE CARDIO VASCULAR DISEASE
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.)
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 7-11-63 to 7-12-63
Death occurred at 5:15AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George E. Neukom M.D.
22b. ADDRESS: VA HOSP. JEFF. BRKS., MO
22c. DATE SIGNED: 7-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-13-63
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): Farmington, Missouri

24. FUNERAL DIRECTOR ADDRESS: Cozean Funeral Home, Farmington, Mo.
25. DATE RECD. BY LOCAL REG.: 7-12-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1963

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 James L Cleveland

Licensed Embalmer No. 6158

P. O. Address [illegible]

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.