SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-002753
STATE FILE NUMBER

FILED VS JAN 10 1961

AMENDED

Registration District No. 316 Primary Registration District No. ~ Registrar's No. 8

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Francois
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RFD#2, Farmington
Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Marion Middle: Last: Haynes

4. DATE OF DEATH: Month: Jan Day: 6 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7/31/1895

9. AGE (last birthday): 65

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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St Francois Co. Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Howard Haynes

13b. MOTHER'S MAIDEN NAME: Angeline Zolmen

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes W.W. 1

16. SOCIAL SECURITY NO.: 497-01-3053

17. INFORMANT Address: Mrs Vernon Hull, Cape Girardeau, 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): Arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 Oct 28, 1913 to Sept 3, 1960 and last saw him alive on Sept 3, 1960
Death occurred at about 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] md

22b. ADDRESS: Cape Girardeau Mo

22c. DATE SIGNED: Jan 7, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/8/61

23c. NAME OF CEMETERY OR CREMATORY: Zolman Cemetery

23d. LOCATION (City, town, or county) (State): Farmington, Mo.

24. FUNERAL DIRECTOR ADDRESS: Miller Funeral Home, Farmington, Mo

25. DATE RECD. BY LOCAL REG.: Jan. 7, 1961

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1961

JAN 18 1961

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 Paul K Dugal

Licensed Embalmer No. 4420

P. O. Address Farmington Me

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.