

STANDARD CERTIFICATE OF DEATH

State File No. **6069**

FILED MAR 10 1952

869

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

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM			
b. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE		c. LENGTH OF STAY (in this place) 6 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - Wilson Township		0869	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE HOSPITAL				d. STREET ADDRESS (If rural, give location) UNIONVILLE			
3. NAME OF DECEASED (Type or Print) KATHY ANN HAINES			4. DATE OF DEATH JAN. 29 1952			a. (First) b. (Middle) c. (Last)	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH JAN. 23 1952	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) last birthday 0 0 6		11. BIRTHPLACE (State or foreign country) UNIONVILLE MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME LAWRENCE HAINES		13b. MOTHER'S MAIDEN NAME REBERTA MAY		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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME LAWRENCE HAINES ADDRESS UNIONVILLE, MO. R.F.D.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paroxysmal atrial tachycardia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) tachycardia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7544	
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)		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 Jan 25, 1952 , to Jan 29, 1952 , that I last saw the deceased alive on Jan 29, 1952 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) Chas. L. Judd Do				23b. ADDRESS Unionville Mo		23c. DATE SIGNED 1/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 29 1952		24c. NAME OF CEMETERY OR CREMATORY CONCORD CEMETERY		24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY MISSOURI	
DATE REC'D BY LOCAL REG. 3-6-52		REGISTRAR'S SIGNATURE Marcell Durbin 266		25. FUNERAL DIRECTOR'S SIGNATURE BY G.W. Limited ADDRESS UNIONVILLE, MO.			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

James W Comstock

Licensed Embalmer No. *4197*

P. O. Address *Unionville, 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 this body is not embalmed, fact should be so stated above.