

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18459

State File No.

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 32

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| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, Mo.</u> | | c. CITY OR TOWN <u>Gainesville</u> | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>2 months</u> | | e. STREET ADDRESS (If rural, give location) <u>Gainesville, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Gables Rest Home.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Benny</u> c. (Last) <u>Haskins</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1955</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> | 8. DATE OF BIRTH <u>3-11-1890</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Days <u>2</u> | IF UNDER 24 HRS. Hours <u>19</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lutie, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>James Haskins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Forrist</u> | | 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) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Tan Futeral Exeter, Mo.</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | DUE TO (b) _____ | | | |
| * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | 20. AUTOPSY? 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) | | 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 May 2, 1955 to May 30, 1955, that I last saw the deceased alive on May 27, 1955, and that death occurred at 3:00 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. Richard A. Smith D.O.</u> | | 23b. ADDRESS <u>9134 Main, West Plains, Mo.</u> | | 23c. DATE SIGNED <u>6-10-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-1-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lutie Cemetery</u> | |
| | | 24d. LOCATION (City, town, or county) (State) <u>Lutie, Missouri</u> | | | |

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| DATE REC'D BY LOCAL REG. <u>6-16-55</u> | | REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert J. Young Mountain Home, Ark.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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~~ *Robert J. Young*....., Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Robert J. Young*.....
Licensed Embalmer No. *107*
P. O. Address *Mtn Home*

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.