

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031624

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 59 Primary Registration District No. 5224 Registrar's No. 147 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 10 1963

VS 300
Rev. 4/59

1 0190

2 3568

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12 91-8

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural Grand River Twp ? DPA</u>		c. CITY OR TOWN <u>Harrisonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Highway 71</u>		d. STREET ADDRESS (If outside give location) <u>3435 College</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROBERTA</u> Middle <u>HAYNES</u> Last <u>HAYNES</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>31</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 28 1908</u>
9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> Hours <u>5</u> Min. <u>5</u>	IF UNDER 24 HR Months <u>5</u> Days <u>5</u> Hours <u>5</u> Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dr Scott Kans MO</u>	
11. BIRTHPLACE (City and state or country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Mahue</u>		13b. MOTHER'S MAIDEN NAME <u>Della Willis</u>	
13c. NAME OF HUSBAND OR WIFE <u>George Haynes</u>		14. ADDRESS <u>3803 Indiana P.C. Mo</u>	
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>[redacted]</u>	
17. INFORMANT <u>Gladys Brown</u>		Address <u>3803 Indiana P.C. Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken neck, Crush Chest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Car accident</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>D.O.A. at Hospital Cass Coroner Called and investigated</u>			PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY <u>6:20 p.m.</u>	Month, Day, Year <u>8-31-63</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>1 mi north of Cuba MO on 71 Highway Cass</u>	20f. CITY, TOWN, OR LOCATION <u>Harrisonville MO</u>	STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ray J. Sebrue, J. Reg.</u>		22b. ADDRESS <u>Harrisonville MO</u>	22c. DATE SIGNED <u>9/1/63</u>
23. BURIAL, CREATION, REMOVAL (See 18-19)	23b. DATE <u>Sept 7 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>
24. FUNERAL DIRECTOR <u>Remmenburgist Harrisonville MO</u>	ADDRESS <u>Harrisonville MO</u>	25. DATE RECD. BY LOCAL REG. <u>9-6-63</u>	26. REGISTRAR'S SIGNATURE <u>Ray J. Sebrue</u>

3/20/65
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USE BLACK INK OR TYPEWRITER RIBBON

SEP 11 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 Ernest R. Rittenburg

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.