

FILED

CERTIFICATE OF DEATH

Registration District No. **224**

Primary Registration District No. **4331**

Registrar's No. **59**

DO NOT WRITE ON THIS STUB

- 9. **05**
- 10a. **29**
- 10b. **135**
- 11. **21702**
- 12.
- 13. **1009738**
- 14. **3**
- 15. **4109**
- 16.
- 17.
- 18.
- 19. **CREDITS**
- 20.

VS 300
Rev. 1/70

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. William Leonard Haynes			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Nov. 24, 1972 (Approx.)
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) 4. White	AGE—LAST BIRTHDAY (YEARS) 5b. 74	UNDER 1 YEAR 5c. No	UNDER 1 DAY 5d. No	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Nov. 27, 1897
CITY, TOWN, OR LOCATION OF DEATH 7a. Jamestown	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. Home --Route # 2	COUNTY OF DEATH 7c. Moniteau		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Arkansas	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Never Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. None	
SOCIAL SECURITY NUMBER 12. 490 248 266 T	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Retired River Employee	KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE—STATE 14a. Missouri	CITY, TOWN, OR LOCATION 14b. Moniteau	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14c. No	STREET AND NUMBER 14d. Route # 2	
FATHER—NAME 15. William S. Haynes	MOTHER—MAIDEN NAME 16. Cathrine Horton	INFORMANT—NAME 17a. Mrs. Maude Thompson		
MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) 17b. 100 N. High California, Mo. 65018		PART I. DEATH WAS CAUSED BY: 18. Ventricular fibrillation Myocardial infarction, acute Unprovoked Willis-Ektic Heart Disease		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Semlity		AUTOPSY (YES OR NO) 19a.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 21a.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (BLOO., ETC. (SPECIFY)) 21b.	LOCATION (STREET OR P.O. NO., CITY OR TOWN, STATE) 21c.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 21d. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.	
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM 9-26-59 TO 11-24-72	AND LAST SAW HIM/HER ALIVE ON 21b. 11-23-72	I DID/DID NOT VIEW THE BODY AFTER DEATH (MONTH, DAY, YEAR) 21c. Did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE 21d. Unprovoked	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH RESULTED FROM THE FOLLOWING CAUSE(S) STATED: 22. Heart Disease	HOUR OF DEATH 23a. 11-27-72	THE DECEASED WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) 23b. 11-28-72	DATE SIGNED (MONTH, DAY, YEAR) 23c. 11-28-72	
CERTIFIER—NAME OF PHYSICIAN 23a. J. Young	SIGNATURE 23b. J. Young	ADDRESS—CITY OR TOWN, STATE, ZIP 23c. Jamestown, Mo. 65046	DATE RECEIVED BY LOCAL REGISTRAR 24. Dec 8, 1972	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Hickam Cemetery	LOCATION 24c. Lupus, Missouri	FUNERAL HOME—NAME AND ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) 25. Williams Funeral Home 211 S. Oak California, Mo. 65018	
DATE 26. 11-29-1972	FUNERAL DIRECTOR—SIGNATURE 27. Therence H. Keely	REGISTRAR—SIGNATURE 28. Therence H. Keely	DATE RECEIVED BY LOCAL REGISTRAR 29. Dec 8, 1972	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

FILED DEC 11 1972

William Leonard Haynes
 78
 Little Rock, Arkansas
 USA
 490 248 266 T
 Retired River Employee
 Missouri
 100 W. High California, Ca. 95018
 Catherine Gordon
 100 W. High California, Ca. 95018

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 _____

Licensed Embalmer No. 5172

P.O. Address _____

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.