35063

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22

Registration District No. 177 NOV 19 1940 Primary Registration District No. 5345 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Triplett

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Triplett (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROBERT BENJAMIN HAVENER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susan Park

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Nov. 17, 1862 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Franklin County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business (retired)

FATHER
12. Name Joseph Havener
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Childres
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ora Hanger

(b) Address Triplett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation McCullough Cemetery

18. (a) Signature of funeral director Cratts & Wright

(b) Address Triplett, Mo.

19. (a) Oct - 15 1940 (Date received local registrar) (b) R. P. Price (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1940 hour 11 minute 45a M.

21. I hereby certify that I attended the deceased from AUGUST 26, 1940 to OCTOBER 12, 1940; that I last saw him alive on OCTOBER 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPOSTATIC PNEUMONIA	5 DAYS
Due to HEMIPLEGIA	8 DAYS
Due to CEREBRAL HEMORRHAGE	8 DAYS

PREVIOUS CEREBRAL HEMORRHAGE 5 YEARS AGO

Other conditions DIRECT INGUINAL HERNIA (Include pregnancy within 3 months of death)

RIGHT SIDE

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Kenneth L Rosencrance (M. D. or other) D. O.

Address TRIPLETT Mo. Date signed 10-18-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

RECEIVED
Health Officer No. 8
Date Filed 11-15-40

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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, above space should be left blank.