

FEDERAL BUREAU OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 157  
Registrar's No. 20

National Office of Vital Statistics  
**FILED JAN 29 1948**  
Registration District No. 12

Primary Registration District No. 5120

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

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route 6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone 10  
(c) City or town Columbia 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Route 6  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JAMES MATHISE HAUN  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bertha Garrett Haun  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased 10 - 15 - 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>2</u>	.....hr. ....min.

9. Birthplace Boone County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

12. Name James Haun

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Sally Lawrence

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Estil Haun

(b) Address Route 6, Columbia, Mo.

17. (a) Burial (b) Date thereof 1-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parsons Funeral Service  
(b) Address Columbia, Mo.

19. (a) 1-20-48 (b) Mrs. R. E. Palmer  
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17  
year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 19 1948  
1948 to Jan. 17 1948 1948  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure  
disease of heart  
Due to mitral insufficiency

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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 Lloyd Simpson (M. D. or other).....  
Address 506 Cherry St Columbia Mo Date signed 1-20-48

PHYSICIAN  
Underline the cause of which death should be charged statistically.

FEB 3 - 1948

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed JAN 28 1948

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 Chas L. Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.