

S. No. 2  
M-8-43  
5-17-39  
I X37823

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9789

State File No. ....

Registrar's No. .... 30

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 29 1948  
Registration District No. 2790

Primary Registration District No. 4431

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

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1. PLACE OF DEATH:  
 (a) County... Pulaski  
 (b) City or town... Dixon  
 (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... Seventy years  
 years, months or days)

3. (a) PRINT FULL NAME William Henry Haney  
 3. (b) If veteran, name war... X  
 3. (c) Social Security No... X

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife... Sophonria Haney  
 6. (c) Age of husband or wife if alive... 76 years  
 7. Birth date of deceased... 10 1 1874  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 5 16 hr. \_\_\_\_\_ min.

9. Birthplace... Clarksville Texas  
 (City, town, or county) (State or foreign country)

10. Usual occupation... Laborer and farmer

11. Industry or business...

MOTHER FATHER  
 12. Name... Columbus Haney  
 13. Birthplace... Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name... Francis Virginia Ostein  
 15. Birthplace... Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. W. H. Haney  
 (b) Address... Dixon, Missouri

17. (a) Burial (b) Date thereof... 3/19/1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Dixon

18. (a) Signature of funeral director... Fred H. Gilbert  
 (b) Address... Dixon, Missouri

19. (a) 3-23-48 (b) Helma C. Buckthorn  
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17  
 year 1948 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from  
October 19 47 to March 17 19 48  
 that I last saw him alive on March 17 19 48  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Cancer Liver and Biliary ducts.  
by metastases

Due to... Hypostatic pneumonia

Due to... Cardiac failure

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

Major findings:  
 Of operations... 46F  
 Of autopsy... \_\_\_\_\_

Duration  
 \_\_\_\_\_  
 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? \_\_\_\_\_

While at work... \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury... 2

23. Signature... R. Milligan (M. D. or other) D.O.  
 Address... Dixon, Missouri Date signed 3/22/48

APR 3 10 10

APR 2 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.....

3/17/1948

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

working under my personal supervision.

Signed *Maurice E. Schierbaum*

Licensed Embalmer No. *4505*

P. O. Address *Dixon, Missouri*

**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.**