FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12157

Primary Registration District No. 2000

Registrar's No. 270

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1210 N. Warren (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: 1210 N. Warren (If rural, give location)
(e) Citizen of foreign country? (Yes or No): O
If yes, name country:

3. (a) PRINT FULL NAME: Albert A. Haden
3. (b) If veteran, name war: No.
3. (c) Social Security No.: ?
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Beatrice Haden
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: Jan. (Month) 21 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
63	2	9	hr. min.

9. Birthplace: Ava (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Dishwasher
11. Industry or business: Shady Inn.

MOTHER FATHER
12. Name: Rezin Haden
13. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Francis Kay
15. Birthplace: Georgia (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Beatrice Haden
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ava, Mo.
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 4-1-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1948 hour 3 minute a. M.

21. I hereby certify that I attended the deceased from Unattended by a physician, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: probably coronary	?
Due to: thrombosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NP	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: W. E. Handley local registrar (M. D. or other)
Address: Springfield Mo. Date signed: 4-1-48

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

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

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.