

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1658

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 8032 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>	
c. LENGTH OF STAY (In this place) <u>35 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>304 So. Warren</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>304 So. Warren</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle) <u>Pearl</u>	
		c. (Last) <u>Havener</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 49</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 14 1902</u>
9. AGE (In years last birthday) <u>46</u>		10. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Gascanade Co. Mo.</u>	
13a. FATHER'S NAME <u>Joseph Q. Havener</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>495-01-0736</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Sarah E. Havener</u>		ADDRESS <u>Warrensburg Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Old Valvular Disease</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrensburg, Johnson, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 4, 1949</u> to <u>Jan 5, 1949</u> that I last saw the deceased alive on <u>Jan 5, 1949</u> and that death occurred at <u>5 A. m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>R. W. Hoover</u>		23b. ADDRESS <u>1940 K. W. Woster Mo</u>	
23c. DATE SIGNED <u>Jan 7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-6-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 8, 1949</u>		REGISTRAR'S SIGNATURE <u>Savannah C. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u>		ADDRESS <u>Warrensburg Mo.</u>	

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

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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 W. Raymond Baker Student Embalmer No. 25 working under my personal supervision.

Signed W. Raymond Baker
Student Embalmer

Signed J. Earl Trist
Licensed Embalmer No. 3878
P. O. Address Warrensburg 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.