

FILED APR 7 1949 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 17

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dexter, Mo. Stoddard Co.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter, Mo. R.4</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Twp.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u> | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Louis</u> c. (Last) <u>Haney</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>22</u> <u>49</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 25, 1878</u> |
| 9. AGE (In years last birthday) <u>71</u> | | IF UNDER 1 YEAR Months <u>28</u> | IF UNDER 1 MRS. Hours <u>28</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Mt. Vernon, Ill.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>Francis M. Haney</u> | | 13b. MOTHER'S MAIDEN NAME <u>Melvina Woods</u> | 14. NAME OF HUSBAND OR WIFE <u>Ethel Green Haney De</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert Haney Bernie, Mo. R. 1</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Stenosis</u> ANTECEDENT CAUSES Mortle 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</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) <u>no</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>9-14-1878</u> to <u>3-22-1949</u> that I last saw the deceased alive on <u>3-18-1949</u> , and that death occurred at <u>3-22-49</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>J. P. ...</u> | | 23b. ADDRESS <u>Ecuy Mo.</u> | 23c. DATE SIGNED <u>3-25-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>3.23.49.</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hagy Cemetary.</u> | 24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>3-28-49</u> | REGISTRAR'S SIGNATURE <u>Delmas W. ...</u> | 409 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Service,</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300
V. 10.48

RECEIVED

District Health Office No. 2,

District File Number 449-458

Date Filed 4-6-49

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 _____

Marsh Watkins

Student Embalmer No. 255

working under my personal supervision.

Signed Marsh Watkins

Student Embalmer

Signed

Raymond Steele

Licensed Embalmer No. 2476

P. O. Address Weymouth 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.