

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1949

State File No. 18651

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 740
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 40yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		
		d. STREET ADDRESS (If rural, give location) 312 North 17th		
3. NAME OF DECEASED (Type or Print) a. (First) Roney		b. (Middle) A.		c. (Last) Haden, Sr.
4. DATE OF DEATH (Month) (Day) (Year) July 2, 1949				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 5, 1883	9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hotel owner & Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Ryan Hotel	11. BIRTHPLACE (State or foreign country) Stewartsville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Haden		13b. MOTHER'S MAIDEN NAME Ellen Swenson		14. NAME OF HUSBAND OR WIFE Jean Haden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Jean Haden ADDRESS St. Joseph, Mo.
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) <i>Angina pectoris</i>  ANTECEDENT CAUSES Morbid 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.		INTERVAL BETWEEN ONSET AND DEATH   4202
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Joseph, Buchanan Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-2		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none
22. I hereby certify that I attended the deceased from 6-29, 1949, to 7-2, 1949, that I last saw the deceased alive on 7-2, 1949, and that death occurred at 6:20 A.M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>D. L. Arguissano, M.D.</i>		23b. ADDRESS <i>SB 1/2 Francis St.</i>		23c. DATE SIGNED 7-2-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/5/49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
DATE REC'D BY LOCAL REG. July 7, 1949		REGISTRAR'S SIGNATURE <i>E. G. Jenkins</i> 382		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hector Bowman</i> ADDRESS <i>St. Joseph Mo.</i>

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

Mr. C. F. Ferguson

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

*Danny O. Becker*

Student Embalmer No. *287*

working under my personal supervision.

Student .....  
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *45-35*

P. O. Address *310 S. 11th St. Dept. 2*

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.