

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23221**

FILED AUG 2 1949

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

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **4219** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Hickory	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weaubleau	c. LENGTH OF STAY (In this place) 11 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weaubleau	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) EARL c. (Last) HAUN			4. DATE OF DEATH (Month) (Day) (Year) July 24-1949		
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 13-1868	9. AGE (In years last birthday) 81	if UNDER 1 YEAR (Months) 5 Days 12 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Haun	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Abbie Haun
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mrs. Abbie Haun, Weaubleau, Mo.	ADDRESS —
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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		INTERVAL BETWEEN ONSET AND DEATH 4221
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 24, 1949**, to **July 24, 1949**, that I last saw the deceased alive on **July 24, 1949**, and that death occurred at **7:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. E. Wetzell V.S.O.	23b. ADDRESS Sumnerville, Mo.	23c. DATE SIGNED 7-24-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 25, 1949	24c. NAME OF CEMETERY OR CREMATORY Lynch Cemetery	24d. LOCATION (City, town, or county) (State) Boyd Co., Neb.
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DATE REC'D BY LOCAL REG. July 24-1949	REGISTRAR'S SIGNATURE W. P. Hargiss	25. FUNERAL DIRECTOR'S SIGNATURE E. H. Primm	ADDRESS —
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RECEIVED

District Health Officer No. 71

District File Number 7-49-905

Date Filed 8-1-49

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 _____

~~Student Embalmer No. _____~~

~~working under my personal supervision.~~

Student
Student Embalmer

Signed E. H. Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.