

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>4002</u>		Registrar's No. <u>259</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brashear</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brashear, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHESTER</u>			b. (Middle) <u>E.</u>		c. (Last) <u>HAUSKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26</u> / <u>1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug 26, 1880</u>		9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 60 yrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traveling Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James T. Hauskin</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Hendrick</u>		14. NAME OF HUSBAND OR WIFE <u>Nattie Hauskins</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 OF NAME AND ADDRESS <u>Jessie M. Sant Brashear Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died suddenly on street</u>		DU TO (b) <u>Heart disease of some nature I had never</u>					<u>20-3 yrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DU TO (c) <u>Expansive film</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None to my knowledge</u>							<u>4 3/4</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)		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)		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>Miss Adelaide</u> , 19 <u>19</u> , to _____, 19____, that I last saw the deceased alive on <u>Aug 26</u> , 19 <u>49</u> , and that death occurred at <u>4</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H.M. Humphrey M.D.</u>			23b. ADDRESS <u>Brashear Mo</u>		23c. DATE SIGNED <u>8-30-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>8-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brashear Cudley</u>		24d. LOCATION (City, town, or county) (State) <u>Brashear, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-31-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Footest P. Cudley, Brashear, Mo.</u>			

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

SEP 22 1949

SEP 6 1949

RECEIVED

District Health Officer No.

District File Number 7-49-15

Date Filed SEP 6 1949

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

C. Lamar M. Bell

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.