

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34740**

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **4433** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give town) WILSON TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) WILSON TOWNSHIP	
c. LENGTH OF STAY (in this place) 18 YEARS		d. STREET ADDRESS (If rural, give location) UNIONVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION UNIONVILLE			

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) ISAAC	c. (Last) DEHAVEN	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 5 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 14 1863	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 2	IF UNDER 1 HR. Days 21 Hours 21 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) CALLAWAY COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME GORDAN DEHAVEN	13b. MOTHER'S MAIDEN NAME NANCY CALLAWAY	14. NAME OF HUSBAND OR WIFE NANCY ELIZABETH DEHAVEN
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME <i>J. E. DeHaven 917 Buchanan</i>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic glomerular nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH 592X
	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 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 checked="" 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 *Jan 1933*, to *Oct. 5, 1949*, that I last saw the deceased alive on *Oct. 5, 1949*, and that death occurred at *2:00 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>L. W. McDonald M.D.</i>	23b. ADDRESS <i>Unionville Mo 10-5-49</i>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Oct-8-1949	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) MEXICO MISSOURI
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DATE REC'D BY LOCAL REG. 10-29-49	REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>By J. W. Comstock</i>	ADDRESS <i>Unionville, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 2 1949
District Health Officer No. 1
District File Number 11-47-18
Date Filed NOV 2 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 James W Comstock
Licensed Embalmer No. 4197

P. O. Address Unionville, Me

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.