

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10516

State File No.

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

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2169**

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (In this place) 46 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harbor G Phillips Hospital			d. STREET ADDRESS (If rural, give location) 17-3916 West Belle			
3. NAME OF DECEASED (Type or Print) a. (First) Nathan b. (Middle) _____ c. (Last) Haney			4. DATE OF DEATH (Month) (Day) (Year) March 3 1950			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-8-1890	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 1 Days 22	IF UNDER 24 HRS. Hours 9 Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar tender		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Helena Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Jordan Haney Emma		13b. MOTHER'S MAIDEN NAME Harris		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Lois Barber			ADDRESS 3916 W. Belle
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) Chronic Alcoholism				INTERVAL BETWEEN ONSET AND DEATH Undet.	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined					
	DUE TO (c) _____					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition					
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 3221				
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 2-17 , 19 50 , to 3-3 , 19 50 , that I last saw the deceased alive on 3-3 , 19 50 , and that death occurred at 9:45 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE James J. Hedrick (Degree or title) _____			23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 3-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 3-9-50	24c. NAME OF CEMETERY OR CREMATORY Little Rock Ark	24d. LOCATION (City, town, or county) (State) Little Rock Ark			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Mar 7 1950		REGISTRAR'S SIGNATURE J. B. Frazier	FUNERAL DIRECTOR'S SIGNATURE Bennet Lane		ADDRESS 5103 Washington	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *H. Claude Gordon*

Signed.....

Student Embalmer

Licensed Embalmer No. *3489*

P. O. Address *17575 Aldine*

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.