

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12208

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 147

0164

1. PLACE OF DEATH  
a. COUNTY Cape Girardeau

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE Missouri b. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau c. LENGTH OF STAY (In this place) 61 years

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 0164

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital

d. STREET ADDRESS (If rural, give location) 121 N. Middle Street

3. NAME OF DECEASED  
a. (First) Henry b. (Middle) Christain c. (Last) Haman Jr.

4. DATE OF DEATH (Month) (Day) (Year) May 1, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH March 20, 1889 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditing & Account. 10b. KIND OF BUSINESS OR INDUSTRY Keystone Co.

11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Haman Sr. 13b. MOTHER'S MAIDEN NAME Lizzie Bock 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. # 1 16. SOCIAL SECURITY NO. 487-18-5936 17. INFORMANT'S SIGNATURE OR NAME Anna Haman ADDRESS Cape Girardeau, 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute coronary occlusion and myocardial infarction 14 days

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Had previous myocardial infarction in May 1948)

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  NO

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) 4501

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from April 18, 1950, to May 1, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 8: P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles F. Wilson M.D. 23b. ADDRESS 774 Broadway Cape Girardeau, Mo. 23c. DATE SIGNED 5-5-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 4, 1950 24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery 24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG. 5-5-1950 REGISTRAR'S SIGNATURE C. C. Summers 25. FUNERAL DIRECTOR'S SIGNATURE Louis B. Haman ADDRESS Cape Girardeau, Mo.

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

MAY 20 1950

MAY 17 1950

RECEIVED

MAY 8 1950

DISTRICT HEALTH OFFICE No. 4

File No. 550-661

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 Edward P. Herman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.