

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14238

BIRTH NO. _____ REG. DIST. NO. 30.1 PRIMARY REG. DIST. NO. 6044 Registrar's No. 112

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| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | |
| b. CITY OR TOWN <u>Rural, pine township</u> | | c. CITY OR TOWN <u>Rural, pine Township</u> | |
| c. LENGTH OF STAY (In this place) <u>49 years</u> | | d. STREET ADDRESS (If rural, give location) <u>32 miles northwest of Doniphan</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>32 miles northwest of Doniphan</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NOAH</u> b. (Middle) <u>HANEY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-1950</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>4-16-1874</u> |
| 9. AGE (In years last birthday) <u>75</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer + postmaster</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>James H. Haney</u> | 13b. MOTHER'S MAIDEN NAME <u>Kathryn Walker</u> | 14. NAME OF HUSBAND OR WIFE <u>Martha Haney</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. HENRY DAVIS - HANDY</u> | ADDRESS <u>Mo.</u> |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>4201</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Pulmonary embolism</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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 Feb 20, 1950 to March, 1950, that I last saw the deceased alive on 2-2-, 1950, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. Williams MD</u> (Degree or title) | 23b. ADDRESS <u>Handy Mrs</u> | 23c. DATE SIGNED <u>3-2-50</u> |
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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/4/1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pine Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>4-13-50</u> | REGISTRAR'S SIGNATURE <u>E. D. Johnston</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards - Doniphan, Mo.</u> | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

910

APR 22 1950

ENCLOSURE

APR 21 1950

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.

Signed Carl B. Bird

Signed.....
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.