

FILED MAY 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17444

REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 3041 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence</u> 1070	
c. LENGTH OF STAY (in this place) <u>30 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samartan</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u> b. (Middle) <u>L.</u> c. (Last) <u>Haden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 23 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 5, 1855</u>
9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTH PLACE (State or foreign country) <u>Bath New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Eastman</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Van Loney</u>	14. NAME OF HUSBAND OR WIFE <u>A. Crosby Haden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Chas. Musick - 1070</u>	
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) <u>Virus Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture (inter-trochanteric) right femur</u> DUE TO (c) <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Macon</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Fracture in hospital</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slipped when getting up from bed side chair</u>	
22. I hereby certify that I attended the deceased from <u>March 23, 1950</u> to <u>Apr 23, 1950</u> , that I last saw the deceased alive on <u>Apr 22, 1950</u> , and that death occurred at <u>6:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. Ironoway M.D.</u> (Degree or title)		23b. ADDRESS <u>Macon MO</u>	23c. DATE SIGNED <u>4-23-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-25-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>	24d. LOCATION (City, town, or county) (State) <u>Clarence Mo</u>
DATE REC'D BY LOCAL REG. <u>5/1/50</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> 185	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hamilton Ind. Co Clarence Mo</u>	

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

2612

RECEIVED 5.15.50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. .... 5750.106  
Date Filed ..... 5.19.50

---

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

*Paul E. Hayes*

Licensed Embalmer No. *4461*

P. O. Address

*Shelton, 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.