

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26173

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4061</u>		Registrar's No. <u>44</u>		
1. PLACE OF DEATH a. COUNTY <u>CALDWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALDWELL</u>				
b. CITY OR TOWN <u>BRAYMER</u>		c. LENGTH OF STAY (in this place) <u>8 YRS</u>		c. CITY OR TOWN <u>BRAYMER</u>		<u>1130</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY LIMITS</u>				d. STREET ADDRESS (If rural, give location) <u>CITY LIMITS</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATHEW</u>			b. (Middle) <u>THOMAS</u>		c. (Last) <u>HAUGHTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 13, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 17, 1892</u>		9. AGE (In years last birthday) <u>58</u>	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) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>CARROLL CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>THOMAS N. HAUGHTON</u>			13b. MOTHER'S MAIDEN NAME <u>MINNIE L. TRAVAULT</u>		14. NAME OF HUSBAND OR WIFE <u>MAGGIE N. HAUGHTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LEW WETZEL BRAYMER, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Emphysema</u> DUE TO (c) <u>Cardiac degeneration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Raynaud's disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4222</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____				
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 <u>May 13, 1950</u> , to <u>May 14, 1950</u> , that I last saw the deceased alive on <u>July 13, 1950</u> and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Oliver, D. V.</u> (Degree or title)				23b. ADDRESS <u>Braymer, Mo.</u>		23c. DATE SIGNED <u>July 23/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 17, '50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BRAYMER, MO.</u>			
DATE REC'D BY LOCAL REG. <u>8-10-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u> <u>373</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene C. Michael Braymer, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

19512

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 Gene C. Michael

~~Signed _____~~
~~Student Embalmer~~

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.