

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41853**

FILED JAN 4 1951

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **4446** Registrar's No. **29**

890
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) HARDIN		c. CITY (If outside corporate limits, write RURAL and give township) Hardin 0890	
c. LENGTH OF STAY (In this place) 65 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME IN HARDIN			

3. NAME OF DECEASED (Type or Print) NOAH		a. (First)		b. (Middle)		c. (Last) HAPPY		4. DATE OF DEATH (Month) (Day) (Year) DEC. 26, 1950			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 1, 1881		9. AGE (In years last birthday) 69		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Mo.			

13a. FATHER'S NAME Cornelius Happy		13b. MOTHER'S MAIDEN NAME Alice Lentz		14. NAME OF HUSBAND OR WIFE Mollie Happy	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) no		16. SOCIAL SECURITY NO. 499-10-3850		17. INFORMANT'S SIGNATURE OR NAME Helen Bowman		ADDRESS Hardin, Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute CORONARY thrombosis		DUPLICATE				immed.	
ANTECEDENT CAUSES		DUE TO (b) Previous CORONARY thrombosis 5 mos.					
		DUE TO (c) Arterio sclerotic Heart disease					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4 mos	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **July**, 1950, to **Dec. 26**, 1950, that I last saw the deceased alive on **Dec. 26**, 1950, and that death occurred at **12 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. F. Edwards, Jr., D.O.		23b. ADDRESS HARDIN, MISSOURI		23c. DATE SIGNED 12-27-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 29, 1950		24c. NAME OF CEMETERY OR CREMATORY Hardin Cemetery		24d. LOCATION (City, town, or county) (State) Hardin Mo.	
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DATE REC'D BY LOCAL REG. Dec. 28, 1950		REGISTRAR'S SIGNATURE Walter Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Trueschild & Borchert		ADDRESS Hardin, Mo.	
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FEB 30 1951

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John W. Kripschild

Licensed Embalmer No. 2789

P. O. Address Hardin, 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.