

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 540

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5286 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wyaconda Tp</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wyaconda, Town, Missouri</u> <u>1230</u>	
		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>Marian</u> b. (Middle) <u>Carr</u> c. (Last) <u>Haldeman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2<sup>n</sup> 1951</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <del>MARRIED</del> DIVORCED (Specify) _____	8. DATE OF BIRTH <u>Aug 29<sup>n</sup> 1869</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>La Belle, Missouri</u> <u>10</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>D. T. Haldeman</u>	
13b. MOTHER'S MAIDEN NAME <u>Quilleney Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs C.Q. Haldeman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Haldeman, Wyaconda, Mo</u>		ADDRESS _____	
MEDICAL CERTIFICATION			
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) <u>Myocarditis, Chronic</u>	
		INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4 2 2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>1/20<sup>n</sup> 49</u> , 19 <u>51</u> , to <u>1/2<sup>n</sup> 1951</u> , that I last saw the deceased alive on <u>Jan 2<sup>n</sup>, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Hutchinson</u>		(Degree or title) _____	
23b. ADDRESS <u>Wyaconda, Missouri</u>		23c. DATE SIGNED <u>1/7 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 4<sup>n</sup> 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda, Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Wyaconda, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1/11<sup>n</sup> 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Wyaconda, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

230

Date Received: JAN 17 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-57-103  
Date Filed: JAN 21 1951

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**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed Geo V Baskett

Licensed Embalmer No. 1814

P. O. Address Wyaconda 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.