

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4148**

0270

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Christian Co			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Christian		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo		c. LENGTH OF STAY (In this place) 75 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo		d. STREET ADDRESS (If rural, give location) Ozark Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Mo					

3. NAME OF DECEASED (Type or Print) a. (First) Jane b. (Middle) Tennessee c. (Last) Haley			4. DATE OF DEATH (Month) (Day) (Year) Mar. 3 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 1, 1862		9. AGE (In years last birthday) 89	10. MONTHS 	11. DAYS 	12. HOURS 	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME B H Givens		13b. MOTHER'S MAIDEN NAME Cynthia Jane Dodd		14. NAME OF HUSBAND OR WIFE Herbert Haley	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Herbert Haley		ADDRESS Ozark 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency					INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis					
	DUE TO (c) 					
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 					

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) Ozark Mo	
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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 	
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22. I hereby certify that I attended the deceased from Mar 1, 1950 to Mar 9, 1951, that I last saw the deceased alive on Mar 9, 1951, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. P. Fasthning M.D.		23b. ADDRESS Ozark Mo		23c. DATE SIGNED 5-6-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Ozark Cemetery	24d. LOCATION (City, town, or county) (State) Ozark Mo		
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DATE REC'D BY LOCAL REG. Mar 6 1951	REGISTRAR'S SIGNATURE Peretta Leonard		25. FUNERAL DIRECTOR'S SIGNATURE R. B. Chaffin			ADDRESS Ozark Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 8 1951

Dist. File 351-488

Date Filed 3-8-51

NO FILE
ENCLOSURE
MAR 9 - 1951

MAR 13 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed T. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.