

FILED MAY 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. **16297**

041

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Bothany Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gilman City</u>	
c. LENGTH OF STAY (in this place) <u>16 Months</u>		d. STREET ADDRESS (If rural, give location) <u>see 10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAKE</u> b. (Middle) <u>(None)</u> c. (Last) <u>HAUN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH (Specify) <u>December 2, 1855</u>
9. AGE (10 years last birthday) <u>95</u>		10. MONTHS <u>5</u> DAYS <u>10</u> HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	
11. BIRTHPLACE (State or foreign country) <u>Terre Haute, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Haun</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth (Unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Mollie Haun (deceased)</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Stretch, Bethany, Mo.</u>	
17. ADDRESS <u>Bethany, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		<u>10 yrs</u>	
DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>10 yrs.</u>	
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 <u>4500</u>	
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>11-12, 1950</u> , to <u>5-12, 1951</u> , that I last saw the deceased alive on <u>5-11, 1951</u> , and that death occurred at <u>12:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Leonard R. Lee, M.D.</u>		23b. ADDRESS <u>Bethany, Mo.</u>	
23c. DATE SIGNED <u>5/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial A</u>		24b. DATE <u>May 13, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Willis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brimson, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/15-51</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark L. Boutch</u>		ADDRESS <u>Bethany, Mo</u>	



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.....

*Clark L. South*

Signed.....

Student Embalmer

Licensed Embalmer No. *4831*

P. O. Address *Bethany, 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.