

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16368

State File No.

BIRTH NO. 0464 REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5559 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Hutton Valley Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Hutton Valley Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If rural, give location) Pomona, Mo., Rt. 1	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) LOU	
		c. (Last) HAVENS	
4. DATE OF DEATH (Month) (Day) (Year) May 27, 1951			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 23, 1932
9. AGE (In years last birthday) 18		10. MONTHS 0	11. DAYS 0
12. HOURS 0		13. MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school student		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Howell County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME B. Ray Havens		13b. MOTHER'S MAIDEN NAME Mary E. Tooley Havens	
14. NAME OF HUSBAND OR WIFE none			
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. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. B. Ray Haven		ADDRESS Pomona, Mo., Rt. 1.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Fever Acute Severe app 3 wks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Pancreatitis Severe app 3 wks DUE TO (c) Acute Myocardial Failure app 7 hrs. 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 4013	
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) (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 <u>5/21, 1951</u> , to <u>5/27, 1951</u> , that I last saw the deceased alive on <u>5/27, 1951</u> , and that death occurred at <u>11:00</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE W. B. Perkins, M.D.		23b. ADDRESS Willow Springs, Mo.	
23c. DATE SIGNED 6/1/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 31, 1951	
24c. NAME OF CEMETERY OR CREMATORY Mackey Cemetery		24d. LOCATION (City, town, or county) (State) Howell County, Mo.	
DATE REC'D BY LOCAL REG. June 5, 1951		REGISTRAR'S SIGNATURE Marshall Ballard	
25. FUNERAL DIRECTOR'S SIGNATURE W. Plains, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 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~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Hal Jambourg

Licensed Embalmer No. 3408

P. O. Address West Plains

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.