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

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20730

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 57VS Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: MACON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MACON
c. LENGTH OF STAY (In this place): 36 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STILL-HILDRETH OSTEOPATHIC SAN.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIA Carthage 0493
d. STREET ADDRESS (If rural, give location): 202 S. Fulton 1

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): Mansell
c. (Last): HAUGHAWOUT

4. DATE OF DEATH (Month) (Day) (Year): APRIL 27 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: Oct. 27, 1879
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Jasper Co, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: Wilbur F. Haughawout
13b. MOTHER'S MAIDEN NAME: Sarah Mansell
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. I
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Wallace Porter — ADDRESS: Joplin Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute CIRCULATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) LEFT VENTRICULAR FAILURE — 3 weeks
DUE TO (c) LEFT VENTRICULAR INSUFFICIENCY — 3 YEARS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* HYPERTENSIVE HEART DISEASE — 10 YEARS; CHRONIC DEMENTIA PRAECOX — 46 YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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): 443 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 1949, *to* April 27, 1951, *that I last saw the deceased alive on* April 27, 1951, *and that death occurred at* 4:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ely W. Fitz, D.O. (Degree or title)
23b. ADDRESS: Still-Hildreth Osteopathic San. - Macon, Mo
23c. DATE SIGNED: April 27-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/27/51
24c. NAME OF CEMETERY OR CREMATORY: Park 4/30/51
24d. LOCATION (City, town, or county) (State): Carthage, Mo.

DATE REC'D BY LOCAL REG.: 6/27/51
REGISTRAR'S SIGNATURE: Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE: Albert S. Kunz — ADDRESS: Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1951

RECEIVED 6-26-51
MACON COUNTY HEALTH DEPARTMENT
County File No. 6-51-102
Date Filed 6-28-51

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 Thos. L. Bott

Signed .....
Student Embalmer

Licensed Embalmer No. 4552

P. O. Address Macon, 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.