

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20877

FILED JUL 6 - 1951

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 5850 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Wodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Guilford-rural</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Guilford-rural</u>	<u>1740</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington township</u>		d. STREET ADDRESS (If rural, give location) <u>1740</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Druly</u> b. (Middle) <u>Haves</u> c. (Last) <u>Haves</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-1951</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 <u>11-25-1907</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months	IF UNDER 1 DAY Days	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. 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	11. BIRTHPLACE (State or foreign country) <u>Campbell Co - Tenn -</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>J. M. Haves</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Cox</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby L. Haves</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. Ruby Haves - Guilford - Mo.</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental Internal Chest Injury</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>69121</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>farm field</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington - Wodaway Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-13-1951 4:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor turned over into ditch</u>

22. I hereby certify that I attended the deceased from not, 19 attended, 19 attended, that I last saw the deceased not seen alive on not seen, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

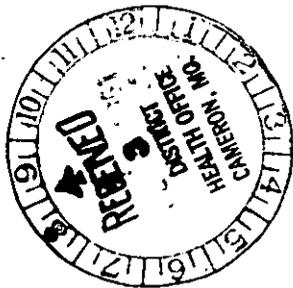
23a. SIGNATURE <u>L. G. Dean</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Maryville Mo</u>	23c. DATE SIGNED <u>6-15-51</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weatherman</u>	24d. LOCATION (City, town, or county) (State) <u>Guilford Mo</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>6-26-51</u>	REGISTRAR'S SIGNATURE <u>Mr. E. C. Crenshaw</u>	370	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris C. Crenshaw</u> ADDRESS <u>Maryville Mo</u>
---	---	-----	--

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

1740



FEB 3 1961

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 2279

P. O. Address Mozzelle, 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.