No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26947

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1102 Registrar's No. 3601

1. PLACE OF DEATH
a. COUNTY: Jackson Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): K. C. Mo.
c. LENGTH OF STAY (in this place): 1D 11 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Children's Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe, Mo 0592
d. STREET ADDRESS (If rural, give location): 623 Mo. Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Leonard
b. (Middle): Niran
c. (Last): Haskins

4. DATE OF DEATH (Month) (Day) (Year): 8 23 1951

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: 2-23-1948
9. AGE (In years last birthday): 3 — If under 1 year: Months 5, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): 9
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Herbert Haskins
13b. MOTHER'S MAIDEN NAME: Leona —
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Herbert Haskins
ADDRESS: Chillicothe, 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): Tetanus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cut on Foot
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Chillicothe Livingston Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): unknown m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: probable a cut by some glass

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Richard C. Schaffer (Degree or title): Richard C. Schaffer M.D. (Pathologist)
23b. ADDRESS: St Joseph Hosp K.C.
23c. DATE SIGNED: Mo. 8-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: AUG. 23, 1951
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): CHILLICOTHE Mo.

DATE REC'D BY LOCAL REG.: 8-23-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons
ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert E. Heron

Signed _____
Student Embalmer

Licensed Embalmer No. 4849

P. O. Address K.C. 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.