

FILED OCT 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33977

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 384

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence 0485	
c. LENGTH OF STAY (in this place) 17 yrs		d. STREET ADDRESS (If rural, give location) 206 W. Ruby 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 206 W. Ruby			

3. NAME OF DECEASED (Type or Print) a. (First) Etta	b. (Middle)	c. (Last) Haukenberry	4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 4, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (State or foreign country) Blue Springs, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Johnathan Adams	13b. MOTHER'S MAIDEN NAME Rhoda Ann	14. NAME OF HUSBAND OR WIFE Lawrence Haukenberry (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. A. G. Waggoner, Independence, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardiasis		years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		"
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1946 to Oct 9, 1951, that I last saw the deceased alive on Oct 8, 1951, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE W. Blahol MD (Degree or title)	23b. ADDRESS 1219 Ash Independence Mo 109-51	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 11, 1951	24c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem.	24d. LOCATION (City, town, or county) (State) Blue Springs, Mo.
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DATE REC'D BY LOCAL REG. act. 10-51	REGISTRAR'S SIGNATURE J. M. S. 354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Independence, Mo.
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OCT 16 RECD

MS DEC 14 1967

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.