S. No. 300
V. 10.48

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

FILED NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34471

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5838 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Berwick
c. LENGTH OF STAY (In this place): 37 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 mile South W. Pierce City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Berwick Twp. 0730
d. STREET ADDRESS (If rural, give location): Rural 7 mile South W. Pierce City

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): LESLIE
c. (Last): HASKINS

4. DATE OF DEATH (Month) (Day) (Year): Oct 21 - 1951

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 6 - 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 9, Days 15 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller
10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William Haskins
13b. MOTHER'S MAIDEN NAME: Mary Griffith
14. NAME OF HUSBAND OR WIFE: Josephine Haskins
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: Frank Haskins — **ADDRESS**: Pierce City 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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

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

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: 4201
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):
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* Oct 21, 1951, *to* Oct 21, 1951, *that I last saw the deceased alive on* Oct 21, 1951, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles A Spears, MD (Degree or title)
23b. ADDRESS: Pierce City Mo
23c. DATE SIGNED: Oct 22, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 23, 1951
24c. NAME OF CEMETERY OR CREMATORY: Berwick Cumberline Pres.
24d. LOCATION (City, town, or county) (State): Newton County Mo
DATE REC'D BY LOCAL REG.: Oct. 29, 1951
REGISTRAR'S SIGNATURE: M. L. Young
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Wilbur Bros., Pierce City Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1951

RECEIVED

District Health Officer No. ~~NEWTON~~ COUNTY HEALTH UNIT

District File Number 1951-348

Date Filed OCT 31 1951

NEOSHO, MISSOURI

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~~ Edwin P. Wilks working under my personal supervision.

Student Embalmer No.

Signed Edwin P. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Pierce City 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.