

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **85**

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **4019** Registrar's No. **2**

0040

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

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BENTON CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BENTON CITY, MO	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 0040	
d. FULL NAME OF HOSPITAL OR INSTITUTION BENTON CITY			

3. NAME OF DECEASED (Type or Print) a. (First) HOWARD b. (Middle) RAYMOND c. (Last) IMAN			4. DATE OF DEATH (Month) (Day) (Year) JAN 1 - 52		
5. SEX ♂	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 7 - 1876	9. AGE (In years last birthday) 75	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) ST. CHARLES CO, MO		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME DANIEL IMAN		13b. MOTHER'S MAIDEN NAME MARY BIDDLE		14. NAME OF HUSBAND OR WIFE MRS. H. R. IMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MRS. H. R. IMAN - BENTON CITY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 2 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		10 yrs.	
		DUE TO (c) Arteriosclerosis			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced age			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec 28, 1951**, to **Jan 1, 1952**, that I last saw the deceased alive on **Jan 1, 1952**, and that death occurred at **9P** m., from the causes and on the date stated above.

23a. SIGNATURE H. P. Pringle (Degree or title) NO		23b. ADDRESS Laadonia Mo		23c. DATE SIGNED 1-4-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-3-52		24c. NAME OF CEMETERY OR CREMATORY PEASANT GROVE		24d. LOCATION (City, town, or county) (State) HUTTON MO	
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DATE REC'D BY LOCAL REG Jan-4-1952		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Chas Arnold		ADDRESS Meigs	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles V. Greening

Signed.....
Student Embalmer

Licensed Embalmer No. *4625*

P. O. Address *Mexico 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.