No. 300
10.48

FILED MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5026

BIRTH NO. 14488 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 962

0

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 4 day-6 hr-30
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Olathe 8150
d. STREET ADDRESS (If rural, give location): 506 E. Santa Fe 8

3. NAME OF DECEASED (Type or Print)
a. (First): Steven
b. (Middle): Charles
c. (Last): Havenner

4. DATE OF DEATH (Month) (Day) (Year): 2-28-1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): New born 0
8. DATE OF BIRTH: 2-24-52
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days 4
IF UNDER 24 HRS.: Hours 6 Min. 33

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): new born
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Robert Havenner
13b. MOTHER'S MAIDEN NAME: Gertrude Lucille McKaig
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs James Havenner 506 E. Santa Fe Olathe Kans.
ADDRESS

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): Obstructive asphyxia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diffuse hyperplasia of thyroid
DUE TO (c): Gland - congenital

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

INTERVAL BETWEEN ONSET AND DEATH: 25 X

19a. DATE OF OPERATION: 2-25-52
19b. MAJOR FINDINGS OF OPERATION: Enlarged thyroid gland
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* 2-24-, 1952, *to* 2-28-, 1952, *that I last saw the deceased alive on* 2-28-, 1952, *and that death occurred at* 7:07 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Angelo Lapi 0 autopsy surgeon
Angelo Lapi M.D.
23b. ADDRESS: 101 Memorial Drive
23c. DATE SIGNED: 2/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-28-52
24c. NAME OF CEMETERY OR CREMATORY: Olathe Cemetery
24d. LOCATION (City, town, or county) (State): Olathe Kansas.

DATE REC'D BY LOCAL REG.: 2-29-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Martin W. Frye
ADDRESS: Olathe Ks

(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 Martin W. Frye, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Martin W. Frye

Licensed Embalmer No. 3615

P. O. Address Olathe Kansas

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.