

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13509**

FILED MAY 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>481</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>				
b. CITY OR TOWN <u>Marceline</u>		c. LENGTH OF STAY (if this place) <u>42 day</u>		c. CITY OR TOWN <u>Salisbury 0210</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>East Front Street</u>				
3. NAME OF DECEASED (Type or Print) <u>Rodger</u>			a. (First)		b. (Middle)		c. (Last) <u>Haves</u>	
4. DATE OF DEATH <u>May 4-1952</u>		(Month) (Day) (Year)						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 15 1912</u>		
9. AGE (in years, last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Extra gang laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Shannon Dale Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jab. Haves</u>		13b. MOTHER'S MAIDEN NAME <u>Bevernia Haves</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Haves</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>717-16-3131</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida Haves</u>		ADDRESS <u>Salisbury Mo</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sickle Cell Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>5-4-1952</u> to <u>5-7-1952</u> , that I last saw the deceased alive on <u>5-4-1952</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. J. W. Jones M.D.</u>				23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>5-6-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 8-1952</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Outen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.B. Winkelmeier</u>		ADDRESS <u>Salisbury Mo</u>		

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

SEP 17 1952

APR 24 1953

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 Chas B Winkelmeyer
Licensed Embalmer No. 3842
P. O. Address Salisbury, 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.