

No. 30
10.48

FILED JUN 2 1952

STANDARD CERTIFICATE OF DEATH

State File No. **17199**

BIRTH NO. _____ REG. DIST. NO. **198** PRIMARY REG. DIST. NO. **4310** Registrar's No. **150**

1. PLACE OF DEATH

a. COUNTY **Macon**

b. CITY (If outside corporate limits, write RURAL and give township) **Bevier**

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Macon**

c. CITY (If outside corporate limits, write RURAL and give township) **Bevier**

d. STREET ADDRESS (If rural, give location) **0610**

3. NAME OF DECEASED

a. (First) **Marjarie** b. (Middle) **V.** c. (Last) **Haseltine**

4. DATE OF DEATH (Month) (Day) (Year) **5 17 52**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **6-26-12** 9. AGE (In years last birthday) **39** IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Domestic**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Ardmore, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John P. Vanskilke** 13b. MOTHER'S MAIDEN NAME **Grace Linn** 14. NAME OF HUSBAND OR WIFE **David M. Haseltine**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **491-07-1468**

17. INFORMANT'S SIGNATURE OR NAME **David M. Haseltine** ADDRESS **Bevier, Mo**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Generalized Carcinomatosis**

ANTECEDENT CAUSES **Carcinoma of Breast** **5 years**

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

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

19a. DATE OF OPERATION **1947-1950** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of Breast** 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) **Bevier Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **5 12** 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 **5-12**, 19**52**, to **5-17**, 19**52**, that I last saw the deceased alive on **5-17**, 19**52**, and that death occurred at **10⁰⁰ p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James E. Campbell, M.D.** 23b. ADDRESS **Macon, Mo.** 23c. DATE SIGNED **May 21, 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5-22-52** 24c. NAME OF CEMETERY OR CREMATORY **Oakwood Cemetery** 24d. LOCATION (City, town, or county) (State) **Macon Missouri**

DATE REC'D BY LOCAL REG. **5-24-52** REGISTRAR'S SIGNATURE **Josephine King** 25. FUNERAL DIRECTOR'S SIGNATURE **Henry E. Edwards** ADDRESS **Bevier, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No.
Date Filed

RECEIVED 5.27.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 5.52.91
Date Filed 5.27.52

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 James D. Davis

Licensed Embalmer No. 4478

P. O. Address Bevier, 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.