

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19757

State File No.

S. No. 300 FILED JUN 7 1952 10-48

BIRTH NO. _____		REG. DIST. NO. <u>55</u>	PRIMARY REG. DIST. NO. <u>3011</u>	Registrar's No. <u>42</u>
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bosworth Mo</u> <u>0170</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton Rural</u>		c. LENGTH OF STAY (In this place) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Singleton Rest Home</u>		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED a. (First) <u>George</u> (Type or Print)		b. (Middle) <u>Haskins</u>		c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) <u>5/29/52</u>		5. SEX <u>M</u>		
6. COLOR OF HAIR <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec 12/1862</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>		11. BIRTHPLACE (State or foreign country) <u>Platte Co Ill /</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Clifford Haskins</u>		
13b. MOTHER'S MAIDEN NAME <u>Defora Varsdale</u>		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 <u>Thomas Carr Bosworth 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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>March 15, 1952</u> , to <u>May 29, 1952</u> , that I last saw the deceased alive on <u>May 29, 1952</u> , and that death occurred at <u>6:00 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Ernest L. Smid</u>		23b. ADDRESS <u>1071 9th St. Carrollton, Mo</u>		23c. DATE SIGNED <u>6-1-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/31/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>
24d. LOCATION (City, town, or county) (State) <u>Near Bosworth Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Leipard</u>		
DATE REC'D BY LOCAL REG. <u>6/6/52</u>		REGISTRAR'S SIGNATURE <u>Th. Herbert Calvert</u>		ADDRESS <u>Mendon Mo.</u>

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

0171
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Carrollton

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, by

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed S. L. Leopard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.