

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

23792

State File No. ....

FILED JUL 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5751 Registrar's No. 26

0133  
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1. PLACE OF DEATH a. COUNTY <u>Casswell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Casswell</u>	
b. CITY OR TOWN <u>RURAL RIDDER</u>		c. CITY OR TOWN <u>RURAL RIDDER TOWN.</u>	
c. LENGTH OF STAY (in this place) <u>6748</u>		d. STREET ADDRESS (If rural, give location) <u>0133</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u> b. (Middle) <u>Julia De Haven</u> c. (Last) <u>A</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-52</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>May 23-1885</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 HR. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Cameron Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			

13a. FATHER'S NAME <u>George M. Jenkins</u>		13b. MOTHER'S MAIDEN NAME <u>Addie</u>		14. NAME OF HUSBAND OR WIFE <u>Charles M. DeHaven</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY # <u>863 36 6667</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles M. DeHaven</u>	
ADDRESS <u>Cameron</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)		DUE TO (c)					
DUE TO (c)		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 <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 8-14, 1949 to 6-30-52, that I last saw the deceased alive on 6-30-52, and that death occurred at 1:05 pm. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>7-3-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grace Land</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7-10-52</u>		REGISTRAR'S SIGNATURE <u>Glady's Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Demoss CRUNK</u>		ADDRESS <u>Cameron Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Do Mass Herms*

Licensed Embalmer No. 2533

P. O. Address Barnes, 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.