

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43142

State File No.

FILED DEC 16 1952

BIRTH NO. ... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Rand.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION 220 1/2 South 4th Street		d. STREET ADDRESS (If rural, give location) 220 1/2 South 4th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Staunton c. (Last) Havignurst			4. DATE OF DEATH (Month) (Day) (Year) 12/11/52		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 11/7/1865		9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ministry	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Illinois	
				12. COUNTRY OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Rudolph Havignurst		13b. MOTHER'S MAIDEN NAME Sopnia Westenkuehler		14. NAME OF HUSBAND OR WIFE Olyena Havignurst	
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 ADDRESS Dr. F.C. Havignurst Moberly	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		DUPLICATE		4 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		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) 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 **1948** to **Dec 11, 1952**; that I last saw the deceased alive on **Dec 11, 1952** and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. F.C. Havignurst (Degree or title)		23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED 12-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/13/52		24c. NAME OF CEMETERY OR CREMATORY Forest Home	
24d. LOCATION (City, town, or county) (State) Mt. Pleasant Iowa		25. FUNERAL DIRECTOR'S SIGNATURE Wm. E. Mellon		ADDRESS Moberly Mo.	
DATE REC'D BY LOCAL REG. 12/13/52		REGISTRAR'S SIGNATURE Earl W. ...		26. LOCAL DIRECTOR'S SIGNATURE Wm. E. Mellon	

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

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FEB 1 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 Maria E. Gillies

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.