

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **303**
Registrar's No. **75**

FILED JAN 26 1953

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 15 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Osteopathic Hospital			d. STREET ADDRESS (If rural, give location) 2613 S. 18th Street		
3. NAME OF DECEASED (Type or Print) a. (First) Homer		b. (Middle) Ray	c. (Last) Haney		4. DATE OF DEATH (Month) (Day) (Year) January 18, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 9, 1893	9. AGE (In years last birthday) 59	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) Ret. Custodian		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Public School		11. BIRTHPLACE (State or foreign country) Trenton, Missouri.	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME James Haney		
13b. MOTHER'S MAIDEN NAME Elizabeth Stinson			14. NAME OF HUSBAND OR WIFE Neva Father Haney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 495-09-6624		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Neva E. Haney St. Joseph, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Endocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Virus Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 6 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214			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 1-13, 1953 to 1-18, 1953 ; that I last saw the deceased alive on 1-18, 1953 and that death occurred at 9 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. John Hartstock D.O.			23b. ADDRESS 924 Edmond		23c. DATE SIGNED 1-20-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
DATE REC'D BY LOCAL REG. Jan 22, 1953	REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Neuschaffer & Son, Funeral Home, 2 St. Joseph, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Edward A. Harrington*
Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.