

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

304

State File No. ....

LED JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Buchanan</b>		b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) <b>St. Joseph</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Gentry</b>	
c. LENGTH OF STAY (in this place) <b>6 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bethany</b>		d. STREET ADDRESS (If rural, give location) <b>*****</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <b>Amy</b>		b. (Middle) <b>Jane</b>		c. (Last) <b>Haskell</b>		d. (Month) (Day) (Year) <b>January 18, 1953</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>October 2, 1870</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
<b>Female</b>		<b>Widowed</b>		<b>82</b>		<b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (State or foreign country) <b>Gentry County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Unknown</b>			
13b. MOTHER'S MAIDEN NAME <b>Mahalia Wayman</b>				14. NAME OF HUSBAND OR WIFE <b>Daniel Thomas Haskell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ***** <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alva Hunter Bethany, Mo.</b>			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General arteriosclerosis</i>							
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <i>Infarction of the heart</i>							
DUE TO (c)							
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 <b>481x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>1950/1/18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-18</u> , 19 <u>53</u> , and that death occurred at <u>10:30P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W.E. Fawcett M.D.</i>				23b. ADDRESS <i>St. Joseph Mo.</i>		23c. DATE SIGNED <i>1/19/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 20, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>McGee Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Gentry County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Jan 22, 1953</b>		REGISTRAR'S SIGNATURE <i>Carl C. Casper</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Muehler &amp; Co. Funeral Home St. Joseph, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

117  
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REC'D  
FEB 4  
1954

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 \_\_\_\_\_ \*

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Student Embalmer No. \_\_\_\_\_ \*\*\*\*\*

working under my personal supervision.

Student .....  
\*\*\*      \*\*\*\*\*  
Student Embalmer

Signed Robert C. Harrington

Licensed Embalmer No. 258 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.