

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**2256**

State File No. \_\_\_\_\_

No. 300  
10-48

**FILED JAN 24 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 6

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Moniteau</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>California</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Tipton</b> d. STREET ADDRESS <b>No street Numbers 0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Latham Hospital</b>		b. COUNTY <b>Moniteau</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>William</b>	b. (Middle) <b>Nicholas</b>	c. (Last) <b>Hainen</b>	(Month) <b>Jan.</b>	(Day) <b>21</b>	(Year) <b>1953</b>
(Type or Print)					
<b>5. SEX</b> Male <u>0</u>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Widower <u>2</u>	<b>8. DATE OF BIRTH</b> Oct. 12, 1879		<b>9. AGE</b> (In years last birthday) <b>73</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, or if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country)		<b>12. CITIZEN OF WHAT COUNTRY</b>
Retired Farmer		Farm	Moniteau County, Mo <u>U</u>		U.S.A.

<b>13a. FATHER'S NAME</b> Jake Hainen	<b>13b. MOTHER'S MAIDEN NAME</b> Elizabeth Schreck	<b>14. NAME OF HUSBAND OR WIFE</b> Josephina Hainen decd.
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b> None	<b>17. INFORMANT'S SIGNATURE OR NAME</b> Ed. Hainen, Tipton, Mo.
(If yes, give year or dates of service)		<b>ADDRESS</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> 2 months
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic myocarditis</u>		
	<b>ANTECEDENT CAUSES</b> Afordid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>  <u>4222</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Jan 18 1953, to Jan 21, 1953, that I last saw the deceased alive on Jan 21, 1952, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Kennon Latham MD</u>	(Degree or title) <u>0</u>	<b>23b. ADDRESS</b> <u>California, MO</u>	<b>23c. DATE SIGNED</b> <u>1-21-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial	<b>24b. DATE</b> <u>Jan, 23, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Catholic Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Tipton, Mo</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>1-25-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>W. P. Poyson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. P. Poyson</u>	<b>ADDRESS</b> <u>Tipton</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

*James E. Richards*

Licensed Embalmer No. *2464*

P. O. Address *Septon 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.