

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2295

BIRTH NO. _____		REG. DIST. NO. <u>234</u>		PRIMARY REG. DIST. NO. <u>5016</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond</u>		c. LENGTH OF STAY (in this place) <u>17 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>7mi.N.W. Florence, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7mi.N.W. Florence, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>7mi.N.W. Florence, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADAM</u>			b. (Middle) _____			c. (Last) <u>HARING</u>			
4. DATE OF DEATH <u>Jan. 14, 1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Oct. 30, 1868</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Adam Haring</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Mrs. Maude Haring</u>		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 NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude Haring</u> ADDRESS <u>Otterville, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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) (Min.)		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>Jan 3, 1953</u> to <u>Jan 14, 1953</u> that I last saw the deceased alive on <u>Jan 12, 1953</u> and that death occurred at <u>7:30 a.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edelia M. O.</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>1/14/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blair Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blair, Nebraska</u>			
DATE REC'D BY LOCAL REG. <u>1-30-53</u>		REGISTRAR'S SIGNATURE <u>Clayde A. Bridger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Dechart</u>		ADDRESS <u>Sedalia, Mo.</u>			

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

710

FEB 18 1939

FEB 18 1939

FEB 28 1939

FEB 2 1939

FEB 2 1939

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.