

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9298

State File No. _____

S. No. 300
V. 10.48

FILED MAR 27 1953

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 21

340
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u>		<u>0340</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>Ora</u> c. (Last) <u>Haden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-4-53</u>								
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-31-76</u>	9. AGE (In years last birthday) <u>76</u>	<table border="1"> <tr> <td>OF UNDER 1 YEAR</td> <td>OF UNDER 1 HR.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td>Hours</td> <td>Min.</td> </tr> </table>	OF UNDER 1 YEAR	OF UNDER 1 HR.	Months	Days	Hours	Min.
OF UNDER 1 YEAR	OF UNDER 1 HR.										
Months	Days										
Hours	Min.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Arno, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>						
13a. FATHER'S NAME <u>Dan Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Cecil Stafford</u>	14. NAME OF HUSBAND OR WIFE <u>T. Porter Haden</u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. P. Haden</u> ADDRESS <u>Ava, 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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver and Stomach</u> ANTECEDENT CAUSES <u>Stomach</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>nitrate regurgitation</u> DUE TO (c) _____ 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>156.1</u>			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 <u>19</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:15 p</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>D. P. Haden</u> (Degree or title)		23b. ADDRESS <u>Ava Mo.</u>		23c. DATE SIGNED							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Tabor</u>	24d. LOCATION (City, town, or county) (State) <u>Ava, Missouri</u>								
DATE REC'D BY LOCAL REG. <u>3-25-53</u>	REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u> ADDRESS <u>Funeral Home, Ava, Mo.</u>									

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, 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.