

FILED APR 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9938

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1636

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mausa City Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs 0970</u> | |
| c. LENGTH OF STAY (If this place) <u>5 days</u> | | d. STREET ADDRESS (If rural, give location) <u>X</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u> | | | |

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|--|--|---|--|---|---|
| 3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>hucille</u> c. (Last) <u>haughlin</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 22-1953</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Jan. 3, 1917</u> | | 9. AGE (In years last birthday) <u>36</u> |
| 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>—</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri, O</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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|---|---|---|
| 13a. FATHER'S NAME <u>Louis Resner</u> | 13b. MOTHER'S MAIDEN NAME <u>Namie Warren</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles Haughlin</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Donald Resner</u> ADDRESS <u>Brother No 8th St. Denver</u> |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute (Toxic) myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH. <u>36 hrs</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) <u>Gangrene Loop of Small Int.</u> | DUE TO (c) <u>Incarcerated Ventral Hernia</u> | <u>10 Days</u> <u>10 Days</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>5613</u> |

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|---|--|---|--|
| 19a. DATE OF OPERATION <u>3-17-53</u> | 19b. MAJOR FINDINGS OF OPERATION <u>gangrene small int. incarcerated Ventral hernia</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) | 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 3-17, 1953, to 3-22, 1953, that I last saw the deceased alive on 3-22, 1953, and that death occurred at 11:30P m., from the causes and on the date stated above.

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|--|--|--|
| 23a. SIGNATURE <u>C.A. Povlovich</u> (Degree or title) | 23b. ADDRESS <u>20.225 E 12th St KC Mo</u> | 23c. DATE SIGNED <u>3-23-53</u> |
| 24a. BURIAL CREMATION (Specify) | 24b. DATE <u>March 25 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery Concordia, Missouri</u> |
| 24d. LOCATION (City, town, or county) (State) | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James Funeral Home Concordia, Mo</u> | ADDRESS |
| DATE REC'D BY LOCAL REG. <u>3-23-53</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | |

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

Chas E Wells

Licensed Embalmer No. *2644*

P. O. Address *1100 210*

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.