S. No. 300
v. 10.48

0310
3

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35452

BIRTH NO. FILED NOV 2 - 1953 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5366 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Marion Twp.
c. LENGTH OF STAY (in this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 Pattonsburg, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Marion Twp. 0310 0
d. STREET ADDRESS (If rural, give location): Rt 2 Pattonsburg, Mo

3. NAME OF DECEASED (Type or Print): a. (First) Daniel b. (Middle) Martin c. (Last) Haver

4. DATE OF DEATH (Month) (Day) (Year): 10-23-53

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 8-23-1905
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Operator
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and State or Foreign Country): Daviess County Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Daniel J. Haver
13b. MOTHER'S MAIDEN NAME: Emily Standley
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Miss Mabel Haver, 1178 Highland Tracy, Calif.
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture Skull

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 69
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Marion Twp. Daviess Mo 031

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 / 23 / 53 12:45 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* ✓, 19__, *to* ✓, 19__, *that I last saw the deceased alive on* ✓, 19__, *and that death occurred at* 12:45 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P S Baumgardner Do 3 Coroner
23b. ADDRESS: Box 117 Pattonsburg, Mo
23c. DATE SIGNED: 10/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-27-53
24c. NAME OF CEMETERY OR CREMATORY: Watershem
24d. LOCATION (City, town, or county) (State): Pattonsburg, Mo

DATE REC'D BY LOCAL REG.: 10-29-53
REGISTRAR'S SIGNATURE: Virginia M Engelhart 81-0
25. FUNERAL DIRECTOR'S SIGNATURE: Louis Quest
ADDRESS: Pattonsburg, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 21 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Louis Ruest

Licensed Embalmer No. 4096

P. O. Address Petersburg, Va.

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.