

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42118**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>1298</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>9 yrs 2 Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>3003 St. Joseph Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 2</b>							
3. NAME OF DECEASED (Type or Print) <b>JUANITA</b>		a. (First)		b. (Middle) <b>HADDAN</b>		c. (Last)	
4. DATE OF DEATH <b>Dec. 13 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	
8. DATE OF BIRTH <b>Nov. 6, 1895</b>		9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Of his kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		11. BIRTHPLACE (State or foreign country) <b>Mound City, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>B. J. Haddan</b>		13b. MOTHER'S MAIDEN NAME <b>Cora A. Maple</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Cora Haddan</b>		ADDRESS <b>St. Joseph, Mo.</b>	
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) <b>Carcinoma of Uterus</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>			
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. <b>Psychotic</b>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>174 X</b>			
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 <b>Mar. 19</b> , 19 <b>53</b> , to <b>Dec. 13</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-13</b> , 19 <b>53</b> , and that death occurred at <b>8:03 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Harriet Thomas MD</b>				23b. ADDRESS <b>State Hospital No. 2 St. Joseph, Mo</b>		23c. DATE SIGNED <b>12-13-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 16, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Dec 18, 1953</b>		REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Home Funeral Home St Joseph, Mo</b>		ADDRESS	

(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 \_\_\_\_\_  
working under my personal supervision. Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4674

P. O. Address St. Joseph 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.