

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43767

State File No.

FILED JAN 12 1954

BIRTH NO. REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (JEFFERSON TWN)		c. LENGTH OF STAY (In this place) 42 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAMILY HOME		d. STREET ADDRESS (If rural, give location) 0760	

3. NAME OF DECEASED (Type or Print) LENA HARING	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Dec 30 1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 13-1878	9. AGE (In years last birthday) 75 yrs
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM LIEFER	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE HERMAN HARING
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS HERMAN HARING BLAND, MO., RED
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis with Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocardial Degeneration 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 2 yrs 5 yrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/12, 1953, to 12/30, 1953, that I last saw the deceased alive on 12/30, 1953, and that death occurred at 10:45 pm., from the causes and on the date stated above.

23a. SIGNATURE R.H. Schuchman, D.D.	(Degree or title)	23b. ADDRESS Belle, Mo.	23c. DATE SIGNED 1/2/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE January 3-1954	24c. NAME OF CEMETERY OR CREMATORY Bland, Union Cemetery	24d. LOCATION (City, town, or county) (State) Bland, Missouri
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DATE REC'D BY LOCAL REG. Jan 6-1954	REGISTRAR'S SIGNATURE T. Schuchman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sagemann's Funeral Service Chester, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0760

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 Chester J. Jassman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.