

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43857
33

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5932 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>La Monte</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>La Monte</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Rural</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>0800</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LULA</u>	b. (Middle) <u>RANEY</u>	c. (Last) <u>De HAVEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 1953</u>
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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>March 20 - 1873</u>	9. AGE (In years last birthday) <u>80</u>	If UNDER 1 YEAR Months	If UNDER 4 HRS. Days	If UNDER 15 MIN. Hours	If UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>David Stout Raney</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Benningfield</u>	14. NAME OF HUSBAND OR WIFE <u>Ruben E. De Haven</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Letha Mae McKeenan</u>	ADDRESS <u>La Monte</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Vascular Disease</u>		
	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. <u>arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4214</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>La Monte Pettis Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>

22. I hereby certify that I attended the deceased from Dec 17, 1953, to Dec 17, 1953 that I last saw the deceased alive on Dec 17, 1953 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. W. Love MD</u>	23b. ADDRESS <u>Knob, N. State Mo</u>	23c. DATE SIGNED <u>Dec 19-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-20-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Monte cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Monte Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-19-53</u>	REGISTRAR'S SIGNATURE <u>A. J. Campbell MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros</u>	ADDRESS <u>Sadalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0 500

FEB 4 1959

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.....
Signature of Student Embalmer

Signed.....
K.P.M. Cary

Licensed Embalmer No. *3153*

P. O. Address.....
Salas

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**