

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5710 Registrar's No. 2

1. PLACE OF DEATH  
a. COUNTY McDonald  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CENTER TWP  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY McDonald  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky Comfort RT 1  
d. STREET ADDRESS (If rural, give location) 0600

3. NAME OF DECEASED (Type or Print)  
a. (First) HENRY b. (Middle) HAUGHBIN c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) 4-3-54

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N M 8. DATE OF BIRTH 12-29-1886 9. AGE (In years last birthday) 67 3 MONTHS 4 DAYS 1 HOUR 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY SAME 11. BIRTHPLACE (State or foreign country) Powesh, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME GEO. HAUGHBIN 13b. MOTHER'S MAIDEN NAME MARY ATKINSON 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME H. HAUGHBIN ADDRESS Rocky Comfort, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pneumonia  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Influenza  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
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 1 week  
2 Mx

19a. DATE OF OPERATION 3 19b. MAJOR FINDINGS OF OPERATION 480 X 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from June, 1950, to 4-3, 1954, that I last saw the deceased alive on 4-2, 1954 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James L. Holmes D.D. 23b. ADDRESS Wharton, Mo. 23c. DATE SIGNED 4/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 4-6-1954 24c. NAME OF CEMETERY OR CREMATORY Union Cem. 24d. LOCATION (City, town, or county) (State) Stehba RT. Mo.

DATE REC'D BY LOCAL REG. April 23, 1954 REGISTRAR'S SIGNATURE O. C. Plummer 178 25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey ADDRESS Geneva, Mo.

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

0600 / 1

**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 J. P. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.