

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34450

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5625 Registrar's No. 172

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

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Auglaize T.S.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Eldridge
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 Miles north on #5 highway		STREET ADDRESS (If rural, give location) Eldridge, Mo.	

0530

3. NAME OF DECEASED (Type or Print)	a. (First) Freda	b. (Middle) May	c. (Last) Harenza	4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 11, 1937	9. AGE (In years less birthday) 17	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work or occupation, or of working office if retired) Telephone Operator	10b. KIND OF BUSINESS OR INDUSTRY Utilities	11. BIRTHPLACE (City and State or Foreign Country) Eldridge, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Leroy Moore	13b. MOTHER'S MAIDEN NAME Ruby Waterman	14. NAME OF HUSBAND OR WIFE Johnny Harenza Jr.
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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. 489-40-4686	17. INFORMANT'S SIGNATURE OR NAME Mr. Leroy Moore	ADDRESS Eldridge, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile Accident		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None.	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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) #5 Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Auglaize T.S. Laclede (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 11, 1954 4:30P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident
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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 **4:30P** m., from the causes and on the date stated above.

23a. SIGNATURE L.R. Palmer (Degree or title) 2	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 10-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/17/54	24c. NAME OF CEMETERY OR CREMATORY Hufft Cemetery	24d. LOCATION (City, town, or county) (State) Laclede County Missouri
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DATE REC'D BY LOCAL REG. 10-17-1954	REGISTRAR'S SIGNATURE Wella L. May	424	25. FUNERAL DIRECTOR'S SIGNATURE L.R. Palmer	ADDRESS Lebanon, Mo.
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Received **OCT 23 1954**
Laclede County Health Unit
File No. **10-54-165**
Date Filed **OCT 23 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.....
Signature of Student Embalmer

Signed *Stanley R. Palmer*.....

Licensed Embalmer No. **481**.....

P. O. Address *Lebanon*.....

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.