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FILED DEC 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37005

State File No.

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5440 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (Clay township)</u>		c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>8</u>
c. LENGTH OF STAY (in this place) <u>3 yr</u>		e. STREET ADDRESS (If rural, give location) <u>0270</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>FAMILY HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CARRIE</u>	b. (Middle) <u>ATWOOD</u>	c. (Last) <u>HAVENER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 28 1954</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>married</u>	8. DATE OF BIRTH <u>Oct. 8th 1889</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>THOMAS STOCKTON</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA MARTS</u>	14. NAME OF HUSBAND OR WIFE. <u>Fred Havener</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Havener</u> ADDRESS <u>Bland, Mo.</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma left breast recurrent with generalized metastases</u>		<u>3 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, primary, left breast</u>		<u>4 year</u>
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 <u>1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, left breast</u>	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)	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 Oct 20, 1953 to Nov. 28, 1954, that I last saw the deceased alive on Nov 12, 1954, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. L. Kozal, M.D.</u> (Degree or title)	23b. ADDRESS <u>Belle, Mo.</u>	23c. DATE SIGNED <u>Nov. 29, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/30/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bland, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>December 4, 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Marvin Apprey</u> <u>493-C</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. S. Sasmann</u> ADDRESS <u>Sasmann's Funeral Service, Bland</u>
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(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chester Sasser*.....

Licensed Embalmer No. *7178*.....

P. O. Address *Blanch*.....

**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.**