

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35694

BIRTH NO. _____		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>6153</u>		Registrar's No. <u>22</u>			
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Pike</u>)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bloomfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				e. STREET ADDRESS (If rural, give location) <u>Route # 1.</u>					
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>HAWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 20, 1875</u>			
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>crop farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Orchardville, Illinois</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Orchardville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Matt Haws</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Frame</u>			
13a. FATHER'S NAME <u>Matt Haws</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Frame</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Fay Haws</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			
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>Mrs. May Haws, Bloomfield, Mo.</u>		ADDRESS <u>R. # 1</u>			
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) <u>CEREBRAL HEMORRHAGE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3-4 HRS.</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS</u>				<u>YRS.</u>	
				DUE TO (c) <u>HYPERTENSION</u>				<u>YRS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>JUNE 19 46</u> to <u>SEPT. 4, 19 55</u> , that I last saw the deceased alive on <u>SEPT. 14 19 55</u> , and that death occurred at <u>8:40 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Bloomfield</u>		23c. DATE SIGNED <u>9-6-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 7-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-15-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO.</u>		ADDRESS <u>Bloomfield, Mo.</u>			

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 Lulu Cooper 3499....., Student Embalmer No.....

~~working under my personal supervision.....~~

Student.....
Signature of Student Embalmer

Signed Lulu C. Cooper.....

Licensed Embalmer No...4119

P. O. Address...Bloomfield

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.