

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37466**

FILED DEC 13 1955

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 555

1. PLACE OF DEATH a. COUNTY Madison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE Mo. b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown		c. LENGTH OF STAY (in this place) 5 yrs.	c. CITY OR TOWN Fredericktown		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION East Main St.			e. STREET ADDRESS (If rural, give location) 213 North Main St. 062/0			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Alexander c. (Last) Havener			4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 19, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0 Days 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Dining Service		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Asheville, N. C.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Robert A. Havener		13b. MOTHER'S MAIDEN NAME Mollie E. Williams		14. NAME OF HUSBAND OR WIFE Fay E. Havener		
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. 713-14-7320	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fay E. Havener, Fredericktown, Mo.				
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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis. 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 9 yrs. 9 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4260				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:20 p m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Charles E. Michaelis M.D.			23b. ADDRESS 135 S Mine La Mollie Fredericktown Missouri		23c. DATE SIGNED Dec 6, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/6/55	24c. NAME OF CEMETERY OR CREMATORY Old Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Fredericktown, Mo.			
DATE REC'D BY LOCAL REG 12-6-1955	REGISTRAR'S SIGNATURE Larence Fickel		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Najim Funeral Home, Fredericktown, Mo.			

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

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FILE No. 1255-55

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..... *Charles McCarty*

Licensed Embalmer No. 48

P. O. Address Fredericktown

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.