

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21580

State File No. ....

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6850 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly Sugar Creek, Mo</u>		c. CITY OR TOWN <u>Moberly</u>	
c. LENGTH OF STAY (in this place) <u>1 hour</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No <u>983</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rothwell Park</u>		e. STREET ADDRESS (If rural, give location) <u>311 South Sixth Street</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN FREDERICK HAVENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June-22-1956</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Feb-25-1943</u>		9. AGE (in years) (last birthday) <u>13</u>		IF UNDER 1 YEAR: Months Days Hours Min.	
--------------------	--	-------------------------------	--	-----------------------------------------------------------------------------	--	-------------------------------------	--	---------------------------------------------	--	-----------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not Employed</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Independence Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
-----------------------------------------------------------------------------------------------------------------	--	-----------------------------------	--	-------------------------------------------------------------------------------	--	-------------------------------------------	--

13a. FATHER'S NAME <u>Frederick Neile Havens</u>		13b. MOTHER'S MAIDEN NAME <u>Bonnie Hallberg</u>		14. NAME OF HUSBAND OR WIFE	
--------------------------------------------------	--	--------------------------------------------------	--	-----------------------------	--

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>F. N. Havens</u> ADDRESS <u>Moberly Mo</u>	
--------------------------------------------------------------------------------------------------------------------	--	-------------------------------------	--	---------------------------------------------------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowned</u>		II. OTHER SIGNIFICANT CONDITIONS			

\* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9298</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------------------	--	----------------------------------------------------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>lake beach</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Moberly</u> (COUNTY) <u>Randolph</u> (STATE) <u>Mo</u>	
----------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 22, 1956 5:05 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>cramps while swimming</u>	
------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------	--

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 5:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Jolly D. Coroner</u>		23b. ADDRESS <u>203 1/2 N. Clark, Moberly Mo</u>		23c. DATE SIGNED <u>6/22/56</u>	
--------------------------------------------------------------	--	--------------------------------------------------	--	---------------------------------	--

24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 23-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
-------------------------------------------------------	--	-------------------------------	--	-------------------------------------------------------------------	--	-----------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>June 23-56</u>		REGISTRAR'S SIGNATURE <u>Leahurdous</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home</u> ADDRESS <u>Moberly 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*P. M. Carter*

Licensed Embalmer No. *411*  
P. O. Address *Moherly*

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.