

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27936

State File No.

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 3056 Registrar's No. 229

1. PLACE OF DEATH
a. COUNTY Randolph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Mo. b. COUNTY Chariton

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly

c. LENGTH OF STAY (In this place) 5-Days

c. CITY OR TOWN Rural-Brunswick Twp d. Is Residence within limits of city or incorporated town? Yes B No XX

d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital

e. STREET ADDRESS (If rural, give location) 6-Miles West of Keytesville

3. NAME OF DECEASED
a. (First) Joseph b. (Middle) Allen c. (Last) Haskins

4. DATE OF DEATH (Month) (Day) (Year) Aug. 17th, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 29th, 1873

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY General Farming

11. BIRTHPLACE (City and State or Foreign Country) Saline County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John A. Haskins

13b. MOTHER'S MAIDEN NAME Josephene Wright

14. NAME OF HUSBAND OR WIFE Annie Venable Haskins

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Annie Haskins, Brunswick, 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) Reticulum Cell Sarcoma
ANTECEDENT CAUSES generalized prostatic hypertrophy with metastases
DUE TO (b) _____
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
1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 2000

20. AUTOPSY? YES NO

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? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1956 to Aug 12, 1956, that I last saw the deceased alive on Aug 12, 1956, and that death occurred at 10:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence C. Cobbs M.D.

23b. ADDRESS 317 Virginia, Moberly, Mo.

23c. DATE SIGNED Aug 20 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 19th, 1956

24c. NAME OF CEMETERY OR CREMATORY City Cemetery

24d. LOCATION (City, town, or county) (State) Dalton, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Aug 19-56 [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Keytesville, Mo.

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

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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 *H. D. Smith*.....

Licensed Embalmer No... *304*...

P. O. Address... *Key West*...

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.