

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28765
STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 337

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ralls</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hosp.</u>			Length of stay in 1b <u>DOR</u>		d. STREET ADDRESS <u>R # 3</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>John Wayne Haden</u>				4. DATE OF DEATH Month <u>8</u> - Day <u>17</u> - Year <u>1957</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 5, 1957</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>家庭养蚕业</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hannibal, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13. FATHER'S NAME <u>John A. Haden</u>				14. MOTHER'S MAIDEN NAME <u>Virginia A. White</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.		17. INFORMANT Address <u>R # 3</u> <u>John Haden</u> <u>Hannibal, Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Primary toxemia from purulent bronchitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>502.1</u>								INTERVAL BETWEEN ONSET AND DEATH		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>This baby found dead in bed by parents Aug 17, 1957</u>							
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			D.O.A. <u>Levering Hospital Emergency Room Aug 17, 1957</u> <u>Autopsy performed by Dr. Henry Sweets, Hannibal, Mo.</u> <u>Cause of death as above.</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>8:30A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>Dr. H. W. Baker</u> (Degree or title)					22b. ADDRESS <u>Hannibal, Mo.</u>			22c. DATE SIGNED <u>21 Aug 1957</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>8-19-1957</u>		<u>Mt. Olivet Cemetery</u>			<u>Hannibal, Mo.</u>			
24. FUNERAL DIRECTOR <u>Clark Funeral Home</u>				ADDRESS <u>Hannibal, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8/30/57</u>		26. REGISTRAR'S SIGNATURE <u>W. E. L. ...</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 6 1957

MARION CO. HEALTH DEPT.

DATE FILED SEP 6 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.
working under my personal supervision..

Student,
Signature of Student Embalmer

Signed *Ralph C. Clark*

Licensed Embalmer No. 421

P. O. Address Hannibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.