

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2091

STATE FILE NUMBER

FILED JAN 21 1958

Registration District No. 228 Primary Registration District No. 5808 Registrar's No. 66

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bear Creek Township		c. CITY OR TOWN Bear Creek Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Marion Middle Edward Last Haight		4. DATE OF DEATH Month January Day 13 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 16, 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Columbus, Kansas
13a. FATHER'S NAME Charles Haight		13b. MOTHER'S MAIDEN NAME Susan Cox	14. NAME of WIFE RoseAltha Haight (Dec'd)
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 Clare Haight Address Montgomery City, Missouri
18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Malignant disease of face DUE TO (c) 1913 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio-sclerosis and cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 years 2 years
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 Oct, 1949 to 1-13-58 and last saw him alive on Jan 3, 1958 Death occurred at 8:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. W. England (Degree or title)		22b. ADDRESS Wallerille Ind	
22c. DATE SIGNED 1-15-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE January 15, '58	
23c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery		23d. LOCATION (City, town, or county) (State) Montgomery City, Missouri	
24. FUNERAL DIRECTOR Schlanker Funeral Home ADDRESS Montgomery Missouri		25. DATE RECD. BY LOCAL REG. 1-15-58	
26. REGISTRAR'S SIGNATURE Jura B Callaway			

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 *E. Boone Schlanke*

Licensed Embalmer No. *4136*.....

P. O. Address *Montgomery, Ala.*.....

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.