

Health,
Welfare
Public
Service

300
1-56

All 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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1958

58-013026
STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 6276 Registrar's No. 12

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Worth County Missouri</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	a. STATE <u>Missouri</u>	b. COUNTY <u>Worth</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>Union Twp. 6276</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sheridan Missouri</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4-miles north</u>	Length of stay in 1b <u>2 weeks</u>	d. STREET ADDRESS <u>Maine</u>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Anna</u>	Middle <u>Dorothy</u>	Last <u>Haun</u>	Month <u>February</u>	Day <u>28</u>	Year <u>1958</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>March-28-1873</u>		
		WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>II</u> Days <u>--</u> Hours <u>--</u> Min. <u>--</u>	IF UNDER 24 HRS. Hours <u>--</u> Min. <u>--</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Auhagen-Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Cleo Haun Sheridan Missouri</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tubercular pneumonia</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>flu</u>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <u>4:00</u> Month <u>Feb</u> Day <u>12</u> Year <u>1958</u> a. m. <u>am</u> p. m.		
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 <u>Feb 12 58</u> to <u>Feb 20 58</u> and last saw <u>her</u> alive on <u>Feb 19 58</u> Death occurred at <u>6 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>R. G. Garton D.O.</u>	22b. ADDRESS <u>Marionville Mo</u>	22c. DATE SIGNED <u>3-12-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar 3-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheridan Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sheridan Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>John Andrews Great City Mo</u>		25. DATE RECD. BY LOCAL REG. <u>March 18-1958</u>	26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>

(Licensed Emballer's Statement on Reverse Side)

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 John Andrews, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 42

P. O. Address Grant

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.