Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025014
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 86 Primary Registration District No. 5323 Registrar's No. 9-1958

1. PLACE OF DEATH a. COUNTY Crawford	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knobview Twp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Cuba 0280 0 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Farm Home Length of stay in lb 5 mos.	d. STREET ADDRESS (If outside, give location) Rural Route Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Fannie Middle Last Havener		4. DATE OF DEATH Month Day Year July 14, 1958	
5. SEX female 1	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Oct.9, 1884
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Shannon County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank Pankey	13b. MOTHER'S MAIDEN NAME Gracie Pankey	14. NAME OF HUSBAND OR WIFE Fred Havener	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Fred Havener Address Cuba, Mo. Route	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH NONE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Unknown

DUE TO (c) Unknown 4201

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 ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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~~ July 14-1958

Death occurred at 2 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr J E Lange DO 2	22b. ADDRESS CUBA-MISSOURI	22c. DATE SIGNED 7-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-17-1958	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Oak Hill, Mo.
24. FUNERAL DIRECTOR Milford H H Winter ADDRESS Owensville	25. DATE RECD. BY LOCAL REG. 7/14/58	26. REGISTRAR'S SIGNATURE [signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Dunnville, Mo.

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.