

Health, Welfare
Public Service
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026004

STATE FILE NUMBER

FILED AUG 14 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage 04930 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital		Length of stay in lb 19 yrs	d. STREET ADDRESS (If outside, give location) 815 East 5th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First August Middle Carl Last Haman			4. DATE OF DEATH Month August Day 4 Year 1958	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 12, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) St. Peters, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. H. Haman	13b. MOTHER'S MAIDEN NAME Mary Wollin	14. NAME OF HUSBAND OR WIFE Bessie Elrod Haman
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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. 497-12-4176	17. INFORMANT Mrs. Bessie Haman, 815 E. 5th Address Carthage, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardiac failure		3-4 yrs.
	DUE TO (c) Arteriosclerosis		4500 unknown
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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from 8-7-53 to 8-4-58 and last saw her alive on 8-4-58 Death occurred at 11:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Prover S. Patterson M. D. (Deputy or title)	22b. ADDRESS Carthage, Mo.	22c. DATE SIGNED 8-5-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-7-1958	23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery	23d. LOCATION (City, town, or county) (State) Jasper Co., Mo.
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24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo.	25. DATE RECD. BY LOCAL REG. Aug. 6, 1958	26. REGISTRAR'S SIGNATURE Ernie Estep
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

If this body is not embalmed, fact should be so stated above.

SEP 1958

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: Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.