

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043236
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 559

300
1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DALLAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Buffalo 0300 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ. of Mo. Med Center.		Length of stay in 1b 6 days	d. STREET ADDRESS (If outside, give location) P.O. Box 414 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Shirley Jean HANEY			4. DATE OF DEATH Month Day Year Dec. 14, 1958		
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5. SEX FEMALE	6. COLOR OR RACE white	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-24-53	9. AGE (In years last birthday) 5 yrs.	FUNDER 1 YEAR Months Days	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)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) Buffalo Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Truman Haney	13b. MOTHER'S MAIDEN NAME Mabel Montgomery Truman Haney	14. NAME OF HUSBAND OR WIFE Truman Haney
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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. —	17. INFORMANT Truman Haney Buffalo 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 of Cerebral Anoxia		INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atelectasis, Rt. upper lobe, left lower lobe	5 days
	DUE TO (c) Congenital Heart Disease - Auricular Defect	5 years
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? 7543 YES <input checked="" type="checkbox"/> NO <input 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. 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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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 **12-8-58** to **12-14-58** and last saw her ^{alive} on **12-14-58**
Death occurred at **12-14-58 11:45 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Martz M.D.	22b. ADDRESS Univ. of Mo. Med. Ctr.	22c. DATE SIGNED 12-14-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-17-1958	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN	23d. LOCATION (City, town, or county) (State) BUFFALO, MO.
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24. FUNERAL DIRECTOR L.B. Jones	ADDRESS Buffalo Mo.	25. DATE RECD. BY LOCAL REG. Dec 16 1958	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 me....., Student Embalmer No. ✓..... working under my personal supervision.

Student ✓.....
Signature of Student Embalmer

Signed R.E. Chestlam.....

Licensed Embalmer No. 3813.....
P. O. Address Buffalo, 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.