

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022529

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 301 Primary Registration District No. Registrar's No. 35

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>RIPLEY.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ARIZONA</u> b. COUNTY <u>MARICOPA.</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOHNSON TOWNSHIP.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MESA</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/4 Mi. S. CARTER-RIPLEY Co. LINE; 1/4 Mi. W. of "K" Hwy.</u>		Length of stay in lb <u>13 DAYS.</u>		d. STREET ADDRESS <u>10 Mi. E. OF MESA McKELLIPS CAMP.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>ALFRED</u> Last <u>De HAVEN.</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>20</u> Year <u>1959.</u>			
5. SEX <u>MALE.</u>	6. COLOR OR RACE <u>WHITE.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 25, 1894</u>	9. AGE (In years last birthday) <u>64</u>	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) <u>LABORER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRUIT INDUSTRY.</u>		11. BIRTHPLACE (City and state or country) <u>MAHAFFEY, PENNSYLVANIA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. J. De HAVEN.</u>			13b. MOTHER'S MAIDEN NAME <u>THRESA SHULTZ.</u>			14. NAME OF HUSBAND OR WIFE <u>(NEVER MARRIED).</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>160-12-2334</u>		17. INFORMANT Address <u>Fannie Buterbaugh, Marion Center, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>8 M.M. RIFLE BULLET ENTERED PERITONEAL CAVITY DIRECTLY OVER THE LIVER; STOMACH AND MEDIAN LINE, EMERGING JUST UNDER THE LEFT SCAPULA.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		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"/> <u>981X</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SHOT WAS FIRED FROM AN 8 M.M. RUSSIAN RIFLE.</u>					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ <u>APPROX. 11:45 p.m. May 20, 1959.</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>40 ACRE FARM.</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>1/4 Mi. S. CARTER-RIPLEY Co. LINE; 1/4 Mi. W. "K" HWY. RIPLEY, Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <u>11:45 (APPROX)</u> <u>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>Ray Meenst; Coroner.</u>				22b. ADDRESS <u>606 WALNUT ST.</u>		22c. DATE SIGNED <u>DONIPHAN, Mo. MAY 23, 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>		23b. DATE <u>MAY 24, 1959.</u>		23c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEMETERY.</u>		23d. LOCATION (City, town, or county) (State) <u>DONIPHAN, MISSOURI.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Ray Meenst. Doniphan, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>June 12-1959</u>		26. REGISTRAR'S SIGNATURE <u>Flava Broz.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ray Mearns* .....

Licensed Embalmer No. *3743* .....

P. O. Address *Doniphan, 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.