

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006831

FILED VS FEB 24 1960

156

Registration District No. Primary Registration District No. 2001 Registrar's No. 84

STATE FILE NUMBER

INDEXED

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 Joplin		Length of stay in 1b 16Yrs	c. CITY OR TOWN Joplin
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 Minnesota St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 702 Minnesota
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Ruben Middle Austin Last Haney	4. DATE OF DEATH Month Feb Day 12 Year 1960
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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 13 Jan 1902	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Scrap Steel Yard	11. BIRTHPLACE (City and state or country) Dallas Co. Mo.	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Henry F. Haney	13b. MOTHER'S MAIDEN NAME Alice	14. NAME OF HUSBAND OR WIFE Oneida 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. 500-09-3437	17. INFORMANT Mrs. William Ford, Parsons, Ks.
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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) Toxemia		INTERVAL BETWEEN ONSET AND DEATH 2 da.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Influenza		4 da.
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Sclerosis	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 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
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21. I attended the deceased from July 1957 to Feb 1960 and last saw him alive on Feb 10 1960 Death occurred at 2:30 am on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) J E Kilbane M.D.	22b. ADDRESS 408 West 4th St.	22c. DATE SIGNED 2/13/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 15 Feb 1960	23c. NAME OF CEMETERY OR CREMATORY Osborne Mem. Park	23d. LOCATION (City, town, or county) Joplin, Missouri
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24. FUNERAL DIRECTOR Hurlbut-Glover Mortuary	ADDRESS Joplin	25. DATE RECD. BY LOCAL REG. 2-17-1960	26. REGISTRAR'S SIGNATURE Novce Merriam
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 459

P. O. Address Joplin

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.