

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002243

FILED VS JAN 27 1961

Registration District No. 09 Primary Registration District No. 3043 Registrar's No. 27

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Length of stay in lb <b>14 wks</b>		c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3921 New London Rd.</b>			
3. NAME OF DECEASED (Type or print) First <b>Lois</b> Middle <b>Hazel</b> Last <b>Havener</b>			4. DATE OF DEATH Month <b>1</b> - Day <b>21</b> - Year <b>1961</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>10-3-08</b>		
9. AGE (last birthday) <b>52</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fitting Room</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>International Shoe</b>		11. BIRTHPLACE (City and state or country) <b>Pike County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Henry Harrison</b>			13b. MOTHER'S MAIDEN NAME <b>Katie Barnes</b>			14. NAME OF HUSBAND OR WIFE <b>Harry H. Havener</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Lois Lewton Hannibal, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Urteral obstruction</b> DUE TO (c) <b>Carcinoma of uterine cervix</b>							INTERVAL BETWEEN ONSET AND DEATH <b>? 2-3 wks.</b> <b>1947</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a))						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		
19. WAS AUTOPSY PERFORMED? 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.)				
20c. TIME OF INJURY Hour <b>2:55</b> a.m. / p.m. Month <b>9</b> Day <b>19</b> Year <b>61</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Hannibal</b> COUNTY STATE		
21. I attended the deceased from <b>9-19-61</b> <b>2:55</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. and last saw her alive on <b>1-21-61</b>								
22a. SIGNATURE (Degree or title) <b>Charles A. High MD</b>				22b. ADDRESS <b>115 N. 5th Hannibal Mo</b>		22c. DATE SIGNED <b>1-23-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-24-1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Grand View Cemetery</b>		23d. LOCATION (City, town, or county) <b>Hannibal, Mo.</b>		
24. FUNERAL DIRECTOR <b>Clark Funeral Home - Hannibal, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>1-23-61</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke by Lillian M. Herman</b>		

**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 Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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: