

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13942**

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **103**

472

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST CLAIR		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. LENGTH OF STAY (In this place) 30 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater RT I 0930		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			d. STREET ADDRESS (If rural, give location) 1 mile northeast of Chloe Store		

3. NAME OF DECEASED (Type or Print) a. (First) GARRETT b. (Middle) HENRY c. (Last) HAYERLAND			4. DATE OF DEATH (Month) (Day) (Year) April II 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never	8. DATE OF BIRTH Jan. 7 1875		9. AGE (In years) (Month) (Days) 78 3 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Geo H Haverland		13b. MOTHER'S MAIDEN NAME Maria Melisa Shouberg		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME May Rapp Deepwater Mo. ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 Wk
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the pancreas			ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
			DUE TO (b) _____			
			DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. None						

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) h		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 157X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **July 25, 1953**, to **April 11, 1953**, that I last saw the deceased alive on **April 10, 1953**, and that death occurred at **2 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE S. B. Hughes M.D. (Degree or title)		23b. ADDRESS Clinton Mo.		23c. DATE SIGNED 4/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/13/ 1953		24c. NAME OF CEMETERY OR CREMATORY MT ZION	
		24d. LOCATION (City, town, or county) (State) Deepwater MO.			

DATE REC'D BY LOCAL REG. April -13-53		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE FRED WILKINSON FUNERAL HOME ADDRESS Clinton Mo.	
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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
Student Embalmer

Signed F L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.