

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959

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STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3057 Registrar's No. 419

ENDED

1. PLACE OF DEATH a. COUNTY <u>Pettis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <u>Smithton, Mo</u>	Length of stay in 1b <u>32 years</u>	c. CITY OR TOWN <u>Smithton</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>Route #1</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ira</u> Middle <u>Franklin</u> Last <u>De Haven</u>			4. DATE OF DEATH Month <u>12</u> Day <u>25</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-10-1899</u>	9. AGE (last birthday) <u>62 years</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u> Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Detective -</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.C. Mo. Union Pacific Railway</u>	11. BIRTHPLACE (City and state or country) <u>Ottenville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>L. S. De Haven</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda S. Norman</u>		14. NAME OF HUSBAND OR WIFE <u>Anna E. De Haven</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-38-9789</u>		17. INFORMANT <u>Mrs. Ira De Haven - Smithton, Mo.</u> Address	

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>Arteriosclerotic C-V Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Complete heart Block - Stokes Adams Syndrome</u>		
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"/>		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 <u>10:30</u> a.m. Month, Day, Year <u>Nov 1951</u>	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 <u>Smithton, Mo</u>	COUNTY <u>Pettis</u> STATE <u>Missouri</u>
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21. I attended the deceased from <u>Nov 1951</u> to <u>Dec 1959</u> and last saw him alive on <u>25 Dec 1959</u> . Death occurred at <u>10:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>P. V. Siegel</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Smithton, Mo</u>		22c. DATE SIGNED <u>12/26/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-27-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F Cemetery</u>	23d. LOCATION (City, town, or county) <u>Ottenville - Cooper - Missouri</u>	
24. FUNERAL DIRECTOR <u>Wenger Funeral Home</u> Address <u>Smithton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-26-1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

(License and Registrar's Statement on Reverse Side)

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Yt

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.