

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3523**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Route # 4. Rural</b>	
c. LENGTH OF STAY (In this place) <b>6 Months</b>		d. STREET ADDRESS (If rural, give location) <b>6 miles east Marshall</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>585 West North St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jean</b> b. (Middle) <b>Miller</b> c. (Last) <b>Haberman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 18, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 8, 1885</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (State or foreign country) <b>Saline County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William R. Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Bettie Christman</b>	14. NAME OF HUSBAND OR WIFE <b>Herman Haberman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Herman Haberman, Marshall, Mo. R.#4</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		
	ANTECEDENT CAUSES Morbidity 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.		<b>7824</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 17, 1950**, to **Jan 18, 1950**, that I last saw the deceased alive on **Jan 17, 1950**, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James C. Reid MD</b>	23b. ADDRESS <b>Marshall Mo</b>	23c. DATE SIGNED <b>1-19-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 20, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union cemetery near Marshall, Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Jan 19-1950</b>	REGISTRAR'S SIGNATURE <b>Sidney J. Gray</b>	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Campbell-Lewis, Marshall Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

972

JAN 23

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-25-50

AUG 23 1951

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, W. Va.

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.