

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED NOV 5 - 1954

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5562 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Arcadia</u>		c. LENGTH OF STAY (In this place) <u>2mo. 8da</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Arcadia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home for Aged Baptist</u>			d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. east on Highway 70</u>		

3. NAME OF DECEASED a. (First) <u>Nannie Belle</u>		b. (Middle) <u>Haren</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1954</u>	
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5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 6, 1861</u>		9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dietian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>school lunchroom</u>		11. BIRTHPLACE (State or foreign country) <u>Morton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Edward Haren</u>		13b. MOTHER'S MAIDEN NAME <u>Florida Hagin Price</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dolores Weiss Ironton, Mo.</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia (Permeleia)</u> ANTECEDENT CAUSES 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.						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2900</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 23, 1954, to Oct. 1, 1954, that I last saw the deceased alive on Sept. 27, 1954, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. W. Smith</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Restonville Mo.</u>		23c. DATE SIGNED <u>10/14/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>10-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>11/3/54</u>		REGISTRAR'S SIGNATURE <u>Ms. Aris Jones</u>		1287		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Fronton Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Lyle H. White

Licensed Embalmer No. 4295-

P. O. Address Centon, 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.