

FILED DEC 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. 37255

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 61 yrs.	c. CITY OR TOWN Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital						
3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) PAUL c. (Last) HAVENS			4. DATE OF DEATH (Month) (Day) (Year) Nov. 18 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1894	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 9 Days 0	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Army		10b. KIND OF BUSINESS OR INDUSTRY Retired Army of		11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William Sherman Havens		13b. MOTHER'S MAIDEN NAME Cora V. Sandidge		14. NAME OF HUSBAND OR WIFE Frances Deacon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) W.W. 1 and 2 500-05-9036	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frances Havens, Carthage, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction due to coronary atherosclerosis</i> ANTECEDENT CAUSES (b) <i>Arteriosclerosis, Generalized</i> DUE TO (c) <i>420P</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Nephritis, Chronic</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
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?		
22. I hereby certify that I attended the deceased from <i>9/28/47</i> to <i>11-18-55</i> , 19___, that I last saw the deceased alive on <i>11-18-55</i> , 19___, and that death occurred at <i>2:35P</i> m., from the causes and on the date stated above.						
23a. SIGNATURE <i>[Signature]</i> (Degree or title) D.			23b. ADDRESS M. D. Carthage, Missouri		23c. DATE SIGNED 11/19/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-22-55	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Missouri		
DATE REC'D BY LOCAL REG. 11-21-55		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Missouri.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 30 1955
Jasper County Health Office
County File Number 55-11-818
Date Filed NOV 30 1955

NOV 11 1955

FEB 7 1956

MAR 27 1956

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 O. L. Isbell

Licensed Embalmer No. 492

P. O. Address Corthog

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.