

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2249

State File No.

BIRTH NO. 51770-55 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sedalia)		c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Smithton		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				STREET ADDRESS (If rural, give location) Route 1, Smithton Township			
3. NAME OF DECEASED (Type or Print) a. (First) TERRY b. (Middle) LESLIE c. (Last) DEHAVEN			4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *****	8. DATE OF BIRTH August 10, 1955		9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 20	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work ***** , even if retired)		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Honce DeHaven			13b. MOTHER'S MAIDEN NAME Betty Trout		14. NAME OF HUSBAND OR WIFE *****		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Honce DeHaven, Rt. 1, Smithton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial 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. 491X				INTERVAL BETWEEN ONSET AND DEATH 5 days	
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)		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 25 Jan 1956 to 30 Jan 1956 that I last saw the deceased alive on 30 Jan 1956 and that death occurred at 3:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS Smithton Mo		23c. DATE SIGNED 2-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/1/56	24c. NAME OF CEMETERY OR CREMATORY Highland Memorial Gardens Sedalia, Mo.		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 2-2-56		REGISTRAR'S SIGNATURE Laurie Cooney, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE 251 ADDRESS Shane Ewing Sedalia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Carl Seigel

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 *Ruane Ewing*.....

Licensed Embalmer No. *38*.....

P. O. Address *Sedalia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.