

FILED DEC 3 1956 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38964

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 11

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| 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 town) Sedalia | c. LENGTH OF STAY (in this place) 6 days | c. CITY OR TOWN Sedalia | 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 Bothwell Hospital | | STREET ADDRESS (If rural, give location) 209 South Quincy 080/0 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ORA b. (Middle) EDNA c. (Last) DEHAVEN | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH November 26, 1886 | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR (Month) (Day) (Year) 11 26 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and State or Foreign Country) Emory, Illinois | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |

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| 13a. FATHER'S NAME George Wagner | 13b. MOTHER'S MAIDEN NAME Ora Alice Bartlett | 14. NAME OF HUSBAND OR WIFE Forrest Dehaven |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 571-24-9656 | 17. INFORMANT'S SIGNATURE OR NAME Troye Dehaven | 18. ADDRESS Independence, Mo. |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral haemorrhage | | |
| 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. hypertensive chronic | | | |

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| 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) 332x |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 **11-19**, 19**56**, to **11-24**, 19**56**, that I last saw the deceased alive on **11-24**, 19**56**, and that death occurred at **11:05 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Chas. Gordon Deuffelheim | 23b. ADDRESS Sedalia Mo | 23c. DATE SIGNED 11-20-56 |
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|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11/27/56 | 24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Sedalia, Missouri |
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| DATE REC'D BY LOCAL REG. 11-27-56 | REGISTRAR'S SIGNATURE Lurine Coody | 25. FEDERAL DIRECTOR'S SIGNATURE Thane Evers | ADDRESS Sedalia, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

510

2451 08 1927

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 *P. E. Baker*.....

Licensed Embalmer No. *2419*

P. O. Address *Seclusia*

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.