

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

179  
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 42

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Doore</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Callaway</i>	
b. CITY OR TOWN <i>Columbia</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Fulton</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>U of Mo Medical Center Month</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>810 Walnut</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>TOM</i> Middle Last <i>HAVIS</i>			4. DATE OF DEATH Month <i>1</i> Day <i>24</i> Year <i>1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 18 1879</i>
9. AGE (In years last birthday) <i>78</i>		10. UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retiree</i>	11. BIRTHPLACE (City and state or country) <i>Callaway Co Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME <i>C</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>---</i>	17. INFORMANT Name <i>Auby Owen</i> Address <i>St Louis Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarct</i> DUE TO (b) <i>Gen - arteriosclerosis</i> DUE TO (c) <i>4201</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>thetral structure &amp; neuria</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i> <i>70 yrs</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>12/24/57</i> to <i>1/10/58</i> and last saw <sup>her</sup> him alive on <i>1/10/58</i> Death occurred at <i>1/24/58</i> <i>7:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Raymond J. French, M.D.</i> (Degree or title)		22b. ADDRESS <i>Union - Hosp.</i>	
22c. DATE SIGNED <i>1/24/58</i>		22d. CITY, TOWN, OR COUNTY (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>1-26-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Oakley Cemetery</i>		23d. LOCATION (City, town, or county) <i>Zeffotts Mo</i>	
24. FUNERAL DIRECTOR <i>Clayton J. Hare</i>		ADDRESS <i>North Bloomer</i>	
25. DATE RECD. BY LOCAL REG. <i>Jan 27 1958</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. R.E. Palmeter</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Le Roy Claypool* .....

Licensed Embalmer No. *4412*  
P. O. Address *New Bloomsp.*

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.