

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043044

FILED VS DEC 8 1959

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 99

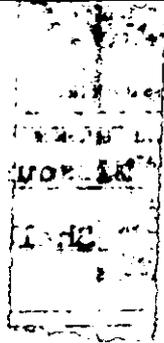
ENDED

1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina		Length of stay in 1b 5 years	c. CITY OR TOWN Shelbina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Walnut St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle Clifford Last Haskins			4. DATE OF DEATH Month 11 Day 28 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-7-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 4 Days 21
IF UNDER 24 HR Hours Min. 	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Shelby Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles Haskins		13b. MOTHER'S MAIDEN NAME Naoma Turner		14. NAME OF HUSBAND OR WIFE Mrs. Annie Haskins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Annie Haskins Shelbina, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive heart disease					4 yrs
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. 	Month, Day, Year				
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 Jan 8, 1959 to Nov 28, 1959 and last saw him alive on Nov 28, 1959 Death occurred at 1:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph H. Tomei D.D.			22b. ADDRESS Shelbina Mo		22c. DATE SIGNED 11-30-59
23a. BURIAL, CREMATION, OR DISPOSAL (Specify)	23b. DATE 12-1-59	23c. NAME OF CEMETERY OR CREMATORY Gods center	23d. LOCATION (City, town, or county) (State) Shelbina Mo		
24. FUNERAL DIRECTOR Barkelew & Davis		ADDRESS Shelbina, Mo.	25. DATE RECD. BY LOCAL REG. 12-2-59	26. REGISTRAR'S SIGNATURE Ada Garrison	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



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

James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelburne,

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.