

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41853**

**FILED JAN 4 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **4446** Registrar's No. **79**

890  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>HARDIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hardin 0890</b>	
c. LENGTH OF STAY (In this place) <b>65 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME IN HARDIN</b>			

3. NAME OF DECEASED (Type or Print) <b>NOAH</b>		a. (First)		b. (Middle)		c. (Last) <b>HAPPY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 26, 1950</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Dec. 1, 1881</b>		9. AGE (In years last birthday) <b>69</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>Cornelius Happy</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Lentz</b>		14. NAME OF HUSBAND OR WIFE <b>Mollie Happy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-10-3850</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Helen Bowman Hardin, Mo.</b>	

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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute CORONARY thrombosis</b>		DUPLICATE (b) <b>Previous CORONARY thrombosis 5 mos.</b>			<b>Immed.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Arterio sclerotic Heart disease</b>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>4 mos</b>	
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) (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 **July**, 1950, to **Dec. 26**, 1950, that I last saw the deceased alive on **Dec. 26**, 1950, and that death occurred at **12 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. F. Edwards, Jr., D.O.</b>		23b. ADDRESS <b>HARDIN, MISSOURI</b>		23c. DATE SIGNED <b>12-27-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 29, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hardin Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Hardin Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tringchild &amp; Borcharding</b>		ADDRESS <b>Hardin, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 28, 1950</b>		REGISTRAR'S SIGNATURE <b>Walter Jackson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tringchild &amp; Borcharding</b>	



FEB 30 1951

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

John W. Kripschild

Licensed Embalmer No. 2789

P. O. Address Harting, Mo.

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 this body is not embalmed, fact should be so stated above.