

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42517

State File No. _____

318

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 988

39
3
6

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

1. PLACE OF DEATH
GREENE

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Edwin I. Haseltine

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th,
year 1940 hour 7 minute 15 P.M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elmanette Haseltine

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased August 16 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-12-40
_____, 19____, to 12/9/40, 19____;
that I last saw him alive on 12/9/40, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>67</u>	<u>3</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death
Chronic myocardial and
valvular heart disease (mitral)
Due to acute decompensation
and myocardial failure.

Due to _____

9. Birthplace Springfield, Mo Missouri
(City, town, or county) (State or foreign country)

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings:
Of operations

11. Industry or business On farm

12. Name Spurzheim Haseltine

13. Birthplace Unknown Wisconsin
(City, town, or county) (State or foreign country)

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

14. Maiden name Anna L. Miller

15. Birthplace Montreal Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmanette Haseltine

(b) Address Route 4, City

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Dec. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

(Specify type of place) _____
(e) Means of injury _____

19. (a) 12-11-40 (b) W. E. Handley, Jr.
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Handley, Jr. (M. D. or other) _____
Address Springfield, Mo. Date signed 12/10/40

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed Wayne Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield

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.

X