

No. 2  
-5-43  
5-17-39  
X38671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42112

State File No. \_\_\_\_\_

Registration District No. 160

Primary Registration District No. 7131

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:  
None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 40 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

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

(d) Street No. 528 N. Main St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles William Haverstick

3. (b) If veteran, name war No

3. (c) Social Security No. 49614-3217

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 1947 hour one minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec 15 # 7 to 12-22-47 # 47 that I last saw him alive on 12-22 1947 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Allie C. Haverstick

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 30 1868  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration 7 hr

8. AGE: Years 79 Months 8 Days 22 If less than one day hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Ch. Myocarditis  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Well drilling & equipment

11. Industry or business Haverstick Well & Equipment Co.

12. Name W. J. Haverstick

13. Birthplace Victoria Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Vineyard

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

16. (a) Informant Walter Haverstick

(b) Address 107 N. 4th St. De Soto Mo.

17. (a) Burial (b) Date thereof 12-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn

18. (a) Signature of funeral director J. Joe Mothershead

(b) Address De Soto Mo

19. (a) 12/26/47 (b) Marie Harris  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Chas O. Galich (M. D. or other)  
Address De Soto Mo Date signed 12/23/47

Date Filed 11/5/48  
District File Number \_\_\_\_\_  
District Health Officer, No. 9

RECEIVED

MAY 4 1949

MAY 18 1949

**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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2531

P. O. Address [Signature]

**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.**