

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1643**

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Valle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Valle	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Gen'l. Del. DeSoto, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l. Del. De Soto, Mo.		d. STREET ADDRESS (If rural, give location) Gen'l. Del. DeSoto, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Alfred	b. (Middle) Monroe	c. (Last) Haverstick	4. DATE OF DEATH (Month) (Day) (Year) Jan 27 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 28, 1901	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.	11. BIRTHPLACE (State or foreign country) DeSoto, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Albert Haverstick	13b. MOTHER'S MAIDEN NAME Janie Craig	14. NAME OF HUSBAND OR WIFE Estelle Christopher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. 702-18-2925	17. INFORMANT'S SIGNATURE OR NAME Estelle Haverstick	ADDRESS DeSoto, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 1/2 years?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Disease of Heart		
	ANTECEDENT CAUSES DUE TO (b) Probably Rheumatic		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4517	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1945, to Jan 1949 that I last saw the deceased alive on Jan 1949, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Christ E. Gallet M.D.	23b. ADDRESS De Soto, Mo.	23c. DATE SIGNED 1/31/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/30/49	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) De Soto Mo.
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DATE REC'D BY LOCAL REG. 2-5-49	REGISTRAR'S SIGNATURE Marie Harris	25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead	ADDRESS DeSoto, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

50
0
0

Date Filed FEB 9 1949
District File Number _____
District Health Officer No. 9

RECEIVED

MAR 25 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 _____

Andrew H. England

Student Embalmer No. 232

working under my personal supervision.

Student _____
Student Embalmer

Signed J. Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.