

FILED FEB 17 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5572

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314-7-Maple 1</u>				d. STREET ADDRESS (If rural, give location) <u>314 7. Maple</u>			
3. NAME OF DECEASED (Type or Print) <u>George - Amos Hauswirth</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1949</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>April - 5 - 1865</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson - Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John - Hauswirth</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERYN - TROZINSKI</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCIS - HAUSWIRTH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FRANCIS - HAUSWIRTH</u>		ADDRESS <u>ELDON - Mo</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Hypertensive Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>1-20-1949</u> , to <u>2-8-1949</u> , that I last saw the deceased alive on <u>2-5-1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl J. Buehler MD</u>			23b. ADDRESS <u>ELDON Mo</u>			23c. DATE SIGNED <u>10 Feb 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11 Feb 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELDON Cem-</u>		24d. LOCATION (City, town, or county) (State) <u>ELDON Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 10, 1949</u>	REGISTRAR'S SIGNATURE <u>Alvonneta Walter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kays</u>		ADDRESS <u>ELDON Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

66

RECEIVED
District Health Officer No. 9;
District File Number
Date Filed FEB 16 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Keith McKay*
Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.