No. 300
10-48

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7991

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4181 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BERGER / Boeuf
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Her Residence – Berger Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Berger Boeuf
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): AMANDA
b. (Middle): CAROLINE
c. (Last): HAID

4. DATE OF DEATH (Month) (Day) (Year): Feb 28-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 23, 1864
9. AGE (In years last birthday): 84 — If under 1 year: Months 5, Days 5; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Berger, Missouri.
12. CITIZEN OF WHAT COUNTRY?: No

13a. FATHER'S NAME: Henry Witthaus
13b. MOTHER'S MAIDEN NAME: Fredericka Kroner
14. NAME OF HUSBAND OR WIFE: Daniel Haid Jr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Dan W. Haid — **ADDRESS**: Berger, Missouri

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) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

15A

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Berger Franklin Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/12, 1948, *to* Feb 28, 1949, *that I last saw the deceased alive on* Feb 26, 1949, *and that death occurred at* 10:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: B. P. Eisenmann (Degree or title): M.D.
23b. ADDRESS: New Haven, Mo.
23c. DATE SIGNED: 3/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/2/1949
24c. NAME OF CEMETERY OR CREMATORY: St. John's Evang Cem
24d. LOCATION (City, town, or county) (State): Berger, Missour

DATE REC'D BY LOCAL REG.: March 1st 1949
REGISTRAR'S SIGNATURE: Lillie Grammann 93
25. FUNERAL DIRECTOR'S SIGNATURE: Forest Blumer — **ADDRESS**:
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-15-49

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.

Signed Herman Blanner

Signed .....
Student Embalmer

Licensed Embalmer No. 528

P. O. Address Bayer Ro

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.