

No. 300
10.48
17
N.R.

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2541

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

| | | | |
|---|--|--|--------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | a. STATE Missouri | b. COUNTY Crawford |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cook Station | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital | | d. STREET ADDRESS (If rural, give location) | |

| | | | | |
|-------------------------------------|-------------------|-------------|-----------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Mattie | b. (Middle) | c. (Last) Haley | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | 3 19 1949 |

| | | | | | | | | |
|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 28, 1889 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Min. |
|---------------|------------------------|--|--------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|

| | | | |
|---|-----------------------------------|---|-----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Cook Station, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
|---|-----------------------------------|---|-----------------------------------|

| | | |
|------------------------------|---------------------------------------|--|
| 13a. FATHER'S NAME Luke Ross | 13b. MOTHER'S MAIDEN NAME Martha Taft | 14. NAME OF HUSBAND OR WIFE Jasper Haley |
|------------------------------|---------------------------------------|--|

| | | | |
|---|------------------------------|---|-------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Herman Kottner | ADDRESS 4102 McRee Ave. |
|---|------------------------------|---|-------------------------|

| | | | |
|---|--|--|----------------------------------|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac failure | | 18 hrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (of stating the underlying cause last). DUE TO (b) Primary Carcinoma of Gall bladder DUE TO (c) metastases to liver | | unknown |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic degenerative hypochromic anemia | | | |

| | | |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION March 19 1949 Carcinoma of Gall bladder metastases to liver | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|--|--|

| | | |
|--|--|---|
| 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) |
| 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 |

22. I hereby certify that I attended the deceased from March 7 1949, to March 19 1949 that I last saw the deceased alive on March 19 1949 and that death occurred at 8:45 p.m., from the causes and on the date stated above.

| | | |
|---|------------------------------------|-------------------------|
| 22a. SIGNATURE (Degree or title) J. B. Sasater M.D. | 22b. ADDRESS 539 N Grand St. La Mo | 22c. DATE SIGNED 3/2/49 |
|---|------------------------------------|-------------------------|

| | | | |
|--|-------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-23-49 | 24c. NAME OF CEMETERY OR CREMATORY Cook Cemetery | 24d. LOCATION (City, town, or county) (State) Cook Co., Mo. |
|--|-------------------|--|---|

| | | | |
|--|-------------------------------------|--|-------------------------------|
| DATE RECD BY LOCAL HEALTH DEPT APR 21 1949 | REGISTRAR'S SIGNATURE J. B. Sasater | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | ADDRESS 4700 Washington Blvd. |
|--|-------------------------------------|--|-------------------------------|

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

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.