

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11887

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 95

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mokane Missouri	
c. LENGTH OF STAY (in this place) 2mo.		d. STREET ADDRESS (If rural, give location) Main St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 209 W. Elm. St.			

3. NAME OF DECEASED (Type or Print) Theodore Frederick Hafner			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 22, 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 25	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) St. Charles Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Frederick Hafner	13b. MOTHER'S MAIDEN NAME Mary Magdeline Aulbaker	14. NAME OF HUSBAND OR WIFE Zoe Burns Hafner
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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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lois Helmenbach Jefferson City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinosis of liver.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		5810	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 Mar 9, 1949, to April 17, 1949, that I last saw the deceased alive on April 14, 1949, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Earl J. Loyd M.D.	23b. ADDRESS 425 Madison Jefferson City, Mo.	23c. DATE SIGNED 4-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-20-49	24c. NAME OF CEMETERY OR CREMATORIUM Mokane Cemetery	24d. LOCATION (City, town, or county) (State) Mokane, Mo.
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DATE REC'D BY LOCAL REG. April 18-1949	REGISTRAR'S SIGNATURE R. P. Davis MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Busch Jefferson City Mo.
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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 25 1949

JAN 15 1959

APR 30 1962

APR 30 1962

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. 3, - 315
working under my personal supervision.

Student Bill Branson
Student Embalmer
Ray A. Shelton

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.