S. No. 300
v. 10.48

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20417

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 5884 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Osage County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WashingtonTownship
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Ambulance enroute to Hos.

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

3. NAME OF DECEASED (Type or Print)
a. (First): Leo
b. (Middle): Henry
c. (Last): Haller

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 2, 1918
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months 7, Days 24 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: John Haller
13b. MOTHER'S MAIDEN NAME: Caroline Boehm
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: John Haller — ADDRESS: Richfountain, Mo

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) Multiple fracture of skull — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 63
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Westphalia, Osage, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June-27-49 12pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto Collision on highway

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Clyde Morton — (Degree or title): Coroner
23b. ADDRESS: Linn, Mo.
23c. DATE SIGNED: 6/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-28-49
24c. NAME OF CEMETERY OR CREMATORY: RichFountain
24d. LOCATION (City, town, or county) (State): RichFountain Mo

DATE REC'D BY LOCAL REG.: 6/29/49
REGISTRAR'S SIGNATURE: Mrs. H. H. Meier 238
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Morton — ADDRESS: Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 9 1949
District Health Officer No. 9,
District File Number
AUG 18 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.

Signed Vernon M. Moston

Signed .....
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Lima

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.