No. 300
10.48

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

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29497

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 2773 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Summit Twnshp
c. LENGTH OF STAY (In this place): 65 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cedar City, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural---Summit Twnshp
d. STREET ADDRESS (If rural, give location): Cedar City, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle): George
c. (Last): Haid

4. DATE OF DEATH (Month) (Day) (Year): Sept-30- 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov-1-1881
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — 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): Berger, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Haid
13b. MOTHER'S MAIDEN NAME: Sophia Heinrichs
14. NAME OF HUSBAND OR WIFE: Viola Haid

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 — ADDRESS: Viola Haid, Cedar City, 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Decompensated Heart — 331X

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

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) 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* Jan 15, 1947 *to* Sept 30, 1949, *that I last saw the deceased alive on* Sept 10, 1949 *and that death occurred at* 9 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J G Bruce M D
23b. ADDRESS: 334 Madison Jefferson City Mo
23c. DATE SIGNED: 10-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct-3-1949
24c. NAME OF CEMETERY OR CREMATORY: River View Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo

DATE REC'D BY LOCAL REG.: Oct 3-49
REGISTRAR'S SIGNATURE: Ruby Clymer
FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Noah J. Gordon, Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 8 1949
District Health Officer No. 9,
District File Number

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 .....

Licensed Embalmer No. 1981

P. O. Address .....

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.