

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43467
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State File No. _____

S. No. 300
V. 10.48

FILED JAN 6 1950
BIRTH NO. _____

REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. _____

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Milau</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Milau</u> | |
| c. LENGTH OF STAY (in this place) <u>42 yrs</u> | | d. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | |

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|---|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Haas</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-23-49</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u> | |
| 8. DATE OF BIRTH <u>6-29-1879</u> | | 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR: Months <u>5</u> Days <u>24</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jeweler</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Newport Ky</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |

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|------------------------------------|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Lee Haas</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amelia Guyer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wayne Haas</u> | |
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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) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Wayne Haas</u> ADDRESS <u>Milau Mo</u> | |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Alcoholism</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3221</u> | | | |
|---|--|---|--|--|--|

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|------------------------------|--|--|--|--|--|
| 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) _____ | | 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 7 pm, 1949, to Dec 23 1949, that I last saw the deceased alive on Dec 20, 1949, and that death occurred at 7 pm, from the causes and on the date stated above.

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|---|--|---------------------------|--|----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Ed Simpson Rev.</u> | | 23b. ADDRESS <u>Milau</u> | | 23c. DATE SIGNED <u>12-24-49</u> | |
|---|--|---------------------------|--|----------------------------------|--|

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|---|--|---------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12/26/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Milau Mo</u> | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Dec 30-1949</u> | | REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> 320 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Schubert</u> ADDRESS <u>Milau Mo</u> | |
|---|--|--|--|--|--|

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

MAR 3
1950

RECEIVED JAN 1 1950
District Health Officer No. _____
District File Number 1-50-3
Date Filed JAN 1 1950

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. 2667

P. O. Address Milwaukee - WI

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.