

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 12498

0367

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

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u> Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>		c. LENGTH OF STAY (in this place) <u>23 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		1367
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 W. 5th St.</u>			d. STREET ADDRESS (If rural, give location) <u>319 W. 5th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>C.</u>	c. (Last) <u>Haberberger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 16th, 1950.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 26th, 1867</u>	9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wagon maker &amp; DUSTRY blacksmith.</u>	11. BIRTHPLACE (State or foreign country) <u>Neier, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Clemmens Haberberger.</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Gephardt.</u>		14. NAME OF DECEASED'S WIFE <u>Mary Anna Haberberger.</u>	
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. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecelia Haberberger Washington, Mo</u>			
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) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>4 years</u> <u>334x</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	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 <u>April 9, 1950</u> , to <u>April 16, 1950</u> , that I last saw the deceased alive on <u>April 14, 1950</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or Title) <u>Harsh G. Mays M.D.</u>		23b. ADDRESS <u>311 North Washington Mo</u>		23c. DATE SIGNED <u>4-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 19, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Neier, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 17, 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>990</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kieburg &amp; Vitt, Inc.</u>		ADDRESS <u>Washington, Mo.</u>

District File Number \_\_\_\_\_  
District Health Officer No. 9  
RECEIVED APR 22 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.

Signed \_\_\_\_\_

*Lester A. Velt*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3254*

P. O. Address *Washington, Md*

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.