

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15716-

State File No.

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4547		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Mo</u>		c. LENGTH OF STAY (In this place) <u>Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Mo</u>		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>High Street 6</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Jacob</u>		c. (Last) <u>Haas</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov 11 - 1853</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer & Banker</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		9c. AGE (In years last birthday) <u>96</u>		9d. IF UNDER 1 YEAR Days <u>5</u> Hours <u>13</u> Min. <u>4</u>	
10a. BIRTHPLACE (State or foreign country) <u>Ohio</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Phillip Haas Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Alsace Mary Cullins</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Haas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Haas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured hip (right)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331XF</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 yr -</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES ☐ NO ☐			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> 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 <u>Dec - 2</u> , 19 <u>44</u> , to <u>4 - 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4 - 24</u> , 19 <u>50</u> , and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John E. Duvall M.D.</u>		(Degree or title)		23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>4-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 25 1950</u>		REGISTRAR'S SIGNATURE <u>John E. Duvall</u>		345		FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>	
						ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—1

OCT 13 1951

RECEIVED

OCT 16 1951



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 _____

John Andrews
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *John Andrews*
Licensed Embalmer No. *4211*

P. O. Address *Grant City Mo.*

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.