

No. 300  
10. 48

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23095

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 2016 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City 0264	
c. LENGTH OF STAY (in this place) 2yrs		d. STREET ADDRESS (If rural, give location) 912 St. Marys Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print) Mathilda Haas			4. DATE OF DEATH Aug 10, 1950		
a. (First)		b. (Middle)		c. (Last)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 18 1869	9. AGE (In years last birthday) 81	10. IF UNDER 1 YEAR Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) Arrow Rock, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gustav Moehle	13b. MOTHER'S MAIDEN NAME Anna Wayling	14. NAME OF HUSBAND OR WIFE Emil Haas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Champ Emmel Jefferson City 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		INTERVAL BETWEEN ONSET AND DEATH  2 days  443X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction c Myocardial Ischemia		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Carcinoma Colon		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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 7-29, 1950, to Aug 10, 1950 that I last saw the deceased alive on Aug 10, 1950 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. P. Davis M.D. (Degree or title)	23b. ADDRESS Boonville, Mo.	23c. DATE SIGNED 8-11-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Boonville Cemetery
24d. LOCATION (City, town, or county) Boonville, Mo.		(State)

DATE REC'D BY LOCAL REG. August 11-1950	REGISTRAR'S SIGNATURE R. P. Davis M.D. - MR 68	25. FUNERAL DIRECTOR'S SIGNATURE Victor Breacher Jefferson City Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-1  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 8-18-50

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 \_\_\_\_\_

working under my personal supervision.

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

Student Embalmer No. \_\_\_\_\_  
Signed *Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address *Jefferson 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.