No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40212

State File No.

BIRTH NO. 12-28-50 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4753 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: DADE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lockwood
c. LENGTH OF STAY (in this place): 65
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lockwood 02-911
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) a. (First): MARY b. (Middle): WILHELMINA c. (Last): CARROLL HAUBEIN

4. DATE OF DEATH (Month) (Day) (Year): DEC 28 1950

5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: DEC 29-1866
9. AGE (In years last birthday): 84 Years; If under 1 year: Months 11; Days 27; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: CARL WEILAND
13b. MOTHER'S MAIDEN NAME: MARIE ULRICH
14. NAME OF HUSBAND OR WIFE: HERMAN HAUBEIN

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.: —
17. INFORMANT'S SIGNATURE OR NAME: MRS HUBERT HERMAN ADDRESS: [illegible]

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility. — 4 yrs

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): Lockwood DADE MO
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* 12-26, 1950, *to* 12-26, 1950, *that I last saw the deceased alive on* 12-26, 1950, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. D. Combs (Degree or title): M.D.
23b. ADDRESS: Lockwood Mo
23c. DATE SIGNED: 12-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC 29-1950
24c. NAME OF CEMETERY OR CREMATORY: IMMANUEL
24d. LOCATION (City, town, or county) (State): Lockwood MO

DATE REC'D BY LOCAL REG.: 12-28-50
REGISTRAR'S SIGNATURE: Geo. R. Weir 79
25. FUNERAL DIRECTOR'S SIGNATURE: R. L. Hamischfeger ADDRESS: Lockwood Mo

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 151-32

Date Filed 1-4-51

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 ONE

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed R. L. Hauenschild

Licensed Embalmer No. 3234

P. O. Address LACKWOOD MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.