

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9478

State File No.

FILED APR 3 1951

0960
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BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 4393 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN WESTPHALIA, MO.)		c. CITY (If outside corporate limits, write RURAL and give township) WESTPHALIA <u>1760</u>	
c. LENGTH OF LIFE (Specify townships)		d. STREET ADDRESS (If rural, give location) WESTPHALIA, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) REGINA	b. (Middle)	c. (Last) HASLAG	4. DATE OF DEATH (Month) (Day) (Year) MARCH 26, 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SEPERATED	8. DATE OF BIRTH APRIL 21, 1931	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 11 Days 5	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL LUNCH		11. BIRTHPLACE (State or foreign country) WESTPHALIA, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN FENNEWALD	13b. MOTHER'S MAIDEN NAME MARGARET SCHWARTZ	14. NAME OF HUSBAND OR WIFE BERT HASLAG
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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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Chris Fennewald ADDRESS WESTPHALIA, MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burning Accidental in apartment		INTERVAL BETWEEN ONSET AND DEATH 89 1/2 hr
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 076	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Westphalia Osage Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mch 26 1951 1a	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Burning in apartment fire
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Clayton J. ... (Degree or title) Coroner B	23b. ADDRESS Linn Mo Box 255	23c. DATE SIGNED 3/28/51
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE MARCH 28, 1951	24c. NAME OF CEMETERY OR CREMATORY ST JOSEPH	24d. LOCATION (City, town, or county) (State) WESTPHALIA, MO.
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DATE REC'D BY LOCAL REG. 3-28-51	REGISTRAR'S SIGNATURE Mrs. H. H. Moore	25. FUNERAL DIRECTOR'S SIGNATURE Jefferson Bull ADDRESS JEFFERSON CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 2 1951

RECEIVED

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 _____

No Embalming
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Lybster Dille

Licensed Embalmer No.

4321

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.