

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16303**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Henry.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry.	
b. CITY (If outside corporate limits, write RURAL and give town) Clinton Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Brownington Mo R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital.		d. STREET ADDRESS (If rural, give location) 0430	
3. NAME OF DECEASED a. (First) Mary Catherine b. (Middle) _____ c. (Last) Haverland		4. DATE OF DEATH (Month) (Day) (Year) May 26 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct 13, 1870
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR (Months) (Days) 7 13	IF UNDER 2 HRS. (Hours) (Min.) _____	11. BIRTHPLACE (State or foreign country) Germany.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bennett Dannenbrock.	13b. MOTHER'S MAIDEN NAME Minnie Dannenbrock.	14. NAME OF HUSBAND OR WIFE unknown	
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 ADDRESS Mrs Floyd Hamblin, Brownington, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH no month.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Pneumonia		4 days.
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		2 years.
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) 3314	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 April 12, 1951 , to May 26, 1951 , that I last saw the deceased alive on May 26, 1951 , and that death occurred at 2:15 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. R.S. Hallenquist M.D.		23b. ADDRESS Clinton Missouri	23c. DATE SIGNED 5/27/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 28, 51	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	24d. LOCATION (City, town, or county) (State) Mt Zion Missouri
DATE REC'D BY LOCAL REG. May 28-51	REGISTRAR'S SIGNATURE Florence A. Adams	FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Stuart Desquater MO	

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

14220

RECEIVED 6-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-4-51

MS
MAR 8 1952

SEP 18 1952

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.

Student _____
Student Embalmer

Signed *Tom Hunt* _____

Licensed Embalmer No. *2782* _____

P. O. Address *Deepwater 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.