

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17394

State File No.

BIRTH NO. REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4336 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holiday</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holiday</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Curtis</u> c. (Last) <u>Haifner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-21-1951</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>3/21/1950</u>			9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>1</u> IF UNDER 24 HRS. Hours <u>1</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>
11. BIRTHPLACE (State or foreign country) <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>0</u>		

13a. FATHER'S NAME <u>John Franklin Haifner</u>		13b. MOTHER'S MAIDEN NAME <u>Percy Mae Curtwright</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Fred L. Curtwright Madison, Mo.</u>	
				ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombocytopenic purpura</u>		DUE TO (b) <u>complicated by</u>			
ANTECEDENT CAUSES		DUE TO (c) <u>meningitis after</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Disch</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>295X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 4/21, 1951, to 4/24, 1951, that I last saw the deceased alive on 4/21, 1951 and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name of title) <u>Dr. M. K. ...</u>		23b. ADDRESS		23c. DATE SIGNED <u>4-21-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/22/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beulah</u>	
				24d. LOCATION (City, town, or county) (State) <u>Holiday Missouri</u>	

DATE REC'D BY LOCAL REG. <u>4-25-51</u>		REGISTRAR'S SIGNATURE <u>Anne M. Burdick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred A. Thompson</u>	
				ADDRESS	

Date Received: MAY 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 52-51-90
Date Filed: MAY 12 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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Mrs Fred A. Hanson

Licensed Embalmer No.

2282

P. O. Address.....

Medway, Ky

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.