

FILED JUN 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17494

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5883</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Osage</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Loose Creek</u> <u>Linn Mo</u> c. LENGTH OF STAY (In this place) <u>Life</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Loose Creek Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Loose Creek</u> <u>0760</u> d. STREET ADDRESS (If rural, give location) <u>U</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>May</u> c. (Last) <u>Haslag</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May - 30 - 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>January 19-1923</u>	
9. AGE (In years last birthday) <u>28</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hatchery</u>		11. BIRTHPLACE (State or foreign country) <u>Loose Creek Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Herman Holterman</u>		13b. MOTHER'S MAIDEN NAME <u>Eunice Nolte</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Haslag Jr.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-28-1983</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Haslag Jr. Loose Creek Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> 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 <u>May 31, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>As above.</u>				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)		21d. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <u>May 29, 1951</u> , to <u>May 30, 1951</u> , that I last saw the deceased alive on <u>May 21, 1951</u> , and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. M. Wiley, M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>5-31-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>		24d. LOCATION (City, town, or county) (State) <u>Loose Creek Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 2-1951</u>		REGISTRAR'S SIGNATURE <u>T. A. Duhonier</u> <u>295</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Horton Linn Mo</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 5 1951

RECEIVED

JUN 23 1951

OCT 19 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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Levin 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.