

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17751**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6074** Registrar's No. **198**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge	
c. LENGTH OF STAY (In this place) 25yrs		d. STREET ADDRESS (If rural, give location) 203 South Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Clarence	b. (Middle) E.	c. (Last) Hausherr	June 2 1951		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 10, 1908	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 10 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer	10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead	11. BIRTHPLACE (State or foreign country) Bismarck, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Charles Hausherr	13b. MOTHER'S MAIDEN NAME Lena Garner	14. NAME OF HUSBAND OR WIFE Grace Hausherr
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 490-03-2777	17. INFORMANT'S SIGNATURE OR NAME Grace Hausherr	ADDRESS Desloge, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca Brain		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningeal Carcinoma		
	DUE TO (c) 162X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION July 47, Aug 1950	19b. MAJOR FINDINGS OF OPERATION Meningeal Carcinoma & brain	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **June 19, 1951** to **June 2, 1951**, that I last saw the deceased alive on **6-2, 1951**, and that death occurred at **5:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Harold C. Gault M.D.	(Name or title)	23b. ADDRESS Desloge, Mo.	23c. DATE SIGNED 6-4-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/5/51	24c. NAME OF CEMETERY OR CREMATORY ST. FRANCOIS MED. PK NEAR DESLOGE	24d. LOCATION (City, town, or county) (State) MO.
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DATE REC'D BY LOCAL REG. June 5, 1951	REGISTRAR'S SIGNATURE Eather Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer	ADDRESS Desloge Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 12 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed P. T. Bayne

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.