

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19376

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5074 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Township	c. LENGTH OF STAY (In this place) 5 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Township 0069	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) (N)	c. (Last) Habegger	4. DATE OF DEATH (Month) (Day) (Year) June 9 51
-------------------------------------	-----------------	-----------------	--------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 20 1873	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HR. Hours	13. UNDER 1 HR. Min.
-------------	------------------------	--	-------------------------------	------------------------------------	-------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Switzerland 5	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	--	--------------------------------------

13a. FATHER'S NAME John habegger	13b. MOTHER'S MAIDEN NAME Caroline Sonntag	14. NAME OF HUSBAND OR WIFE None
-------------------------------------	---	-------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Rose Habegger	ADDRESS Sheldon
---	---------------------------------	---	--------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	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 4201	

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 March 13, 1951, to June 9, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE H.M. Arnold M.D.	23b. ADDRESS Lamar Mo.	23c. DATE SIGNED 6-13-51
------------------------------------	---------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE June 10 51	24c. NAME OF CEMETERY OR CREMATORY Jamestown, Mo.	24d. LOCATION (City, town, or county) (State) Jamestown, Mo.
--	-------------------------	--	---

DATE REC'D BY LOCAL REG. JUN 15 1951	REGISTRAR'S SIGNATURE Marie Korantz	25. FUNERAL DIRECTOR'S SIGNATURE L. Gerald Beemer	ADDRESS
---	--	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED

JUN 18 1951

1961 02 9 01

Dist. File

651-122

Date Filed

6-18-51

1961 8 T 706

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

*L. Gerald Beeny*

Licensed Embalmer No. 4203

P. O. Address *Shelton Md.*

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.