S. No. 300
. 10.48

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23729

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 253

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2125 Hope St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 2125 Hope St. 0

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) — c. (Last) Haas

4. DATE OF DEATH (Month) (Day) (Year): July 28. 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed X
8. DATE OF BIRTH: Dec. 10. 1862
9. AGE (In years last birthday): 88 — If under 1 year: Months 7 Days 18 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Haas
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Louise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Robert Raithel 2125 Hope. ADDRESS: Hannibal, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

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:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 28 *1951, to* ——, *19*__, *that I last saw the deceased alive on* July 28, *1951, and that death occurred at* 8 30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Walters Clinical M.D.
23b. ADDRESS: 608 Broadway Hannibal Mo
23c. DATE SIGNED: 8/6/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-30-51
24c. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal Marion MO

DATE REC'D BY LOCAL REG.: 8/8/51
REGISTRAR'S SIGNATURE: Dr E M Lucke 8/7 C Fisher Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: James O'Donnell ADDRESS: Hannibal - Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 13 1963
MARION CO. HEALTH DEPT.
DATE FILED AUG 13 1963

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 Michael J. O'Donnell
Licensed Embalmer No. 3246
P. O. Address Hannibal 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.