

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26367

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5302 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Carroll 0170</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY, OR "RURAL" OR TOWN <u>Rural Eugene Twp.</u> c. CITY, OR "RURAL" OR TOWN <u>Rural Eugene Twp.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. E of Wakeada</u> d. STREET ADDRESS (If rural, give location) <u>3 mi. E. of Wakeada</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WILFRED</u> c. (Last) <u>HASEBROTH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29, 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>July 21 1906</u>
9. AGE (In years; last birthday) <u>45</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Alfred Haselroth</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Haselroth</u>
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 ADDRESS	

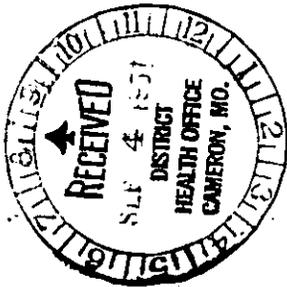
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ill health.</u>		
	DUE TO (c) <u>12g. Shotgun, blast</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>intering left lung.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Eugene Twp. Carroll Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eugene Twp. Carroll Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 29 1951 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shotgun.</u>

22. I hereby certify that I attended the deceased from about 1951, to 5 p.m., 1951, that I last saw the deceased alive on 5 p.m., 1951, and that death occurred at 5 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray D. Anderson Coroner</u>	23b. ADDRESS <u>Boyard Mo</u>	23c. DATE SIGNED <u>Aug 29-51</u>
24a. BURIAL OR CREMATION (Specify) <u>Burial</u>	24b. DATE <u>9-2-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stanley Gibson Carrollton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 31-1951</u>	REGISTRAR'S SIGNATURE <u>Pearl Koch</u>	

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



SEP 19 1957

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

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address

Carrollton, 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.