

STANDARD CERTIFICATE OF DEATH

4075
State File No. 32845
Registrar's No. 87

BIRTH NO. _____ REG. DIST. NO. 524870 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, write RURAL and give township): <i>Pocahontas Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Pocahontas Mo 0160</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pocahontas Mo.</i>		d. STREET ADDRESS (If rural, give location) <i>Pocahontas Mo 0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Lena</i> b. (Middle) <i>Magdeline</i> c. (Last) <i>Haertling</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 30 1951</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 11-1877</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (Months) (Days) (Hours) (Min.) <i>74 4 9</i>
11. BIRTHPLACE (State or foreign country) <i>New Wells Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>Matthias Startzinger</i>	13b. MOTHER'S MAIDEN NAME <i>Theresia Brandt</i>	14. NAME OF HUSBAND OR WIFE <i>Paul Haertling Sr</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Paul Haertling Sr. Pocahontas Mo</i>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> 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 <i>331X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. 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 *10-18, 1951*, to *10-20, 1951*, that I last saw the deceased alive on *10-20, 1951*, and that death occurred at *8:51 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>R D Blylock M.D.</i>		23b. ADDRESS <i>Oak Ridge Mo</i>		23c. DATE SIGNED <i>10-20-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Oct 23 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Jeann Lutheran</i>	24d. LOCATION (City, town, or county) (State) <i>Pocahontas Mo</i>	
DATE REC'D BY LOCAL REG. <i>Oct 24-51</i>	REGISTRAR'S SIGNATURE <i>D. G. Lebbin #3</i>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McLomb & Co. Jackson Mo.</i>		

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

0160

RECEIVED

OCT 29 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *BA Meyer*.....

Licensed Embalmer No. *3051*.....

P. O. Address *Jackson 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.