

## STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>353</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u> <u>D644</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 GRAND AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>700 GRAND AVE.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u>		b. (Middle) <u>FRANCIS</u>		c. (Last) <u>HAUG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>12-13-1896</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>HARDIN HAINES</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SHAFER</u>		14. NAME OF HUSBAND OR WIFE <u>FRED A. HAUG - DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Haug</u>		ADDRESS <u>Hannibal Mo.</u>	
18. NO. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic CA of breast</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Auto accident 10yrs ago</u> <u>Paralysis of lower extremities, bladder</u> <u>etc.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION <u>2 yrs ago</u>	19b. MAJOR FINDINGS OF OPERATION <u>Radical breast</u>					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <u>170X</u>			
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 <u>Nov.</u> , <u>1949</u> , to <u>Nov 10.</u> , <u>1951</u> , that I last saw the deceased alive on <u>Nov. 10</u> , <u>1951</u> , and that death occurred at <u>6:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Francis Haug</u> (Degree or title)				23b. ADDRESS <u>B. &amp; L. Building, Hannibal</u>		23c. DATE SIGNED <u>Nov. 13, 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRAND VIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HANNIBAL MO.</u>			
DATE REC'D BY LOCAL REG. <u>11-14-51</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark</u>			ADDRESS <u>Hannibal Mo.</u>

RECEIVED NOV 17 1951  
HEALTH DEPT.  
DATE FILED NOV 20 1951

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 \_\_\_\_\_

*Ralph Clark*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ralph Clark*

Licensed Embalmer No. *4217*

P. O. Address *Warrick, 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.