

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2119

State File No.

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mosho, mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles N. W. of Pisco Co., Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUDIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>HAASE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21 - 52</u>		
---	--	--	--	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 5 - 1903</u>	9. AGE (In years last birthday) <u>48</u> Months <u>9</u> Days <u>16</u> Hours <u></u> Min. <u></u>
-----------------	---------------------------	---	--	---

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	11. BIRTHPLACE (State or foreign country) <u>Newton Co. mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>DAVID MUERS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY TANNER</u>	14. NAME OF HUSBAND OR WIFE <u>John Haase</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Haase</u> ADDRESS <u>Pisco City</u>
--	-----------------------------------	---

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) <u>Ruptured aortic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> 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 <u>5501</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 Jan 20, 1952, to Jan 21, 1952, that I last saw the deceased alive on Jan 21, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. J. Whithead</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Mosho - Mo</u>	23c. DATE SIGNED <u>1-26-52</u>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 23 - 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jolly Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>PFD - BARRY Co. mo</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan. 26, 1952</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> <u>2203</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilkes Esas</u> ADDRESS <u>Pisco Co., Mo</u>
---	---	--

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

737

FEB 6 1931

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

Edwin J. Wilks

working under my personal supervision.

Student Embalmer No.

Signed

Edwin J. Wilks

Signed.....

Student Embalmer

Licensed Embalmer No. *4131*

P. O. Address *Spice City 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.