

FILED FEB 13 1952

STANDARD CERTIFICATE OF DEATH

State File No. 2456 Registrar's No. 3

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 4454

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

1. PLACE OF DEATH a. COUNTY <i>St. Charles</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Augusta</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Augusta</i>	
c. LENGTH OF STAY (in this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED a. (First) <i>Edward</i> b. (Middle) <i>William</i> c. (Last) <i>Haferkamp</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 2, 1952</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 26, 1871</i>	9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>24</i>	IF UNDER 28 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Augusta, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Hermann Haferkamp</i>	13b. MOTHER'S MAIDEN NAME <i>Rogina Rothert</i>	14. NAME OF HUSBAND OR WIFE _____
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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. <i>492-16-9365</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Edwin Haupt</i>	ADDRESS <i>Augusta Mo</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypostatic Pneumonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>general arteriosclerosis</i>		<i>10 yrs.</i>
	DUE TO (c) _____		_____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic nephritis</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <i>446X</i>
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 *Sept 10, 1925*, to *Feb 2, 1952*, that I last saw the deceased alive on *Feb 2, 1952*, and that death occurred at *3:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H H Schmidt</i>	(Degree or title) <i>no</i>	23b. ADDRESS <i>Marthaville Mo</i>	23c. DATE SIGNED <i>2-4-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb. 5 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Augusta Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Augusta, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>Feb 5 1952</i>	REGISTRAR'S SIGNATURE <i>397-0</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Morris Muschong</i>	ADDRESS <i>Marthaville, Mo.</i>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed Howard O Kroske

Signed.....
Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentworth St

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.