

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**4050**

State File No. ....

**FILED MAR 10 1952**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>258</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Wayne</u> <u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 1, Halls, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) _____	c. (Last) <u>LAUFER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 4 1952</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>6-15-1882</u>	9. AGE (in years last birthday) <u>69</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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Baden Germany</u> <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>Nat. USA</u>
13a. FATHER'S NAME <u>John Laufer</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Laufer</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Laufer, Rt. # 1, Halls, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>Short</u>
		ANTECEDENT CAUSES		<u>Months</u>
		DUE TO (b) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 _____		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 <u>3-3</u> , 19 <u>52</u> , to <u>3-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>52</u> , and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Mohammed Ghani M.D.</u> (Degree or title)		23b. ADDRESS <u>228 ILLINOIS Ave</u>		23c. DATE SIGNED <u>3-6-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Halls Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 7, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	GENERAL DIRECTOR'S SIGNATURE <u>John E. Stupp</u>	ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3. No. 300  
v. 10.48

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20075

**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 Alvin E. Bazar .....

Licensed Embalmer No. 4795 .....

P. O. Address St. Joseph, 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.