No. 300
10.48

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11810

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 6232 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Found in unknown Warren county
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) unknown
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville 0272
d. STREET ADDRESS (If rural, give location) 716 Locust

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) C. c. (Last) Haas

4. DATE OF DEATH (Month) (Day) (Year) Unknown 1952

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 28, 1894
9. AGE (In years last birthday) 58 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) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Haas
13b. MOTHER'S MAIDEN NAME Sarah Schuler
14. NAME OF HUSBAND OR WIFE Edna Lettman Haas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT'S SIGNATURE OR NAME Wm.H.Haas ADDRESS Vandalia, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Verdict of Coroner's Jury:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Body found in Missouri River, near Gore (Warren County) Mo.
DUE TO (c) came to his death by some unknown cause which was not determined by autopsy or other evidence.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Mar.13,1952

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E 9299 46
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) unknown
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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. F. H. Knigge (Degree or title) Coroner
23b. ADDRESS Warrenton, Mo.
23c. DATE SIGNED 3-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-17-52
24c. NAME OF CEMETERY ~~XXXXXXXXX~~ Walnut Grove
24d. LOCATION (City, town, or county) (State) Boonville, Mo.

DATE REC'D BY LOCAL REG. 3-17-52
REGISTRAR'S SIGNATURE Floyd Logan 421
25. FUNERAL DIRECTOR'S SIGNATURE F.W.Nieburg & Co. ADDRESS Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1952

APR 6 19

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 John Thieburg

Signed.....
Student Embalmer

Licensed Embalmer No. 3897

P. O. Address Warrenton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.