

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13831

State File No.

FILED APR 18 1952

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural R7D.2. Platt c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)
a. STATE Mo. b. COUNTY Platte
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R7D.#2. d. STREET ADDRESS (If rural, give location) Parkville 0830

3. NAME OF DECEASED
a. (First) Charles b. (Middle) William c. (Last) Hauetter

4. DATE OF DEATH (Month) (Day) (Year) Mar-31-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 28-1875

9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min. 76 5 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Lumber

11. BIRTHPLACE (State or foreign country) Starburg, Ohio

12. CITIZEN OF WHAT COUNTRY? 1

13a. FATHER'S NAME Jacob Hauetter

13b. MOTHER'S MAIDEN NAME Don't know

14. NAME OF HUSBAND OR WIFE Alma Pauline Hauetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mo. Alma Hauetter Parkville

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of Pancreas
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH 6 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 157X

20. AUTOPSY? YES 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 46 to Mar 31, 1952, that I last saw the deceased alive on Mar 31, 1952, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Underwood M.D.

23b. ADDRESS 1005 Grand Ave Kansasville, Mo.

23c. DATE SIGNED 4/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE April 4-1952

24c. NAME OF CEMETERY OR CREMATORY Bonner Springs, Kan. Bonner Springs.

24d. LOCATION (City, town, or county) (State) Kansas

DATE REC'D BY LOCAL REG. 4-3-52

REGISTRAR'S SIGNATURE Alpha Rollins

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Franklin H. Frankfort Mo.

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

830
1

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, on _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed

Leland H. Francis

Licensed Embalmer No. *3451*

P. O. Address *Paikville, 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.