

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19148

State File No. _____

MAY 24 1952

BIRTH NO. 7 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Springfield</u> (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield 0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>		d. STREET ADDRESS (If rural, give location) <u>436 - Cherry - 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> b. (Middle) <u>-</u> c. (Last) <u>Haberman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6th, 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 4-1881</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u>	IF UNDER 2 WKS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Phalograph</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Otto Haberman</u>	
13b. MOTHER'S MAIDEN NAME <u>Louise Christian</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hosp. Records</u>		ADDRESS <u>Linn</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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Myocarditis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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)		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>Aug 1, 1950</u> to <u>May 6, 1952</u> , that I last saw the deceased alive on <u>May 6, 1952</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. W. Houck M.D.</u>		23b. ADDRESS <u>Nebraska Mo</u>	
23c. DATE SIGNED <u>5-6-52</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>May 7, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		DATE REC'D BY LOCAL REG. <u>5-20-1952</u>	
REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		FUNDATIONAL DIRECTOR'S SIGNATURE <u>Salmyer Turner</u>	
ADDRESS <u>Home Springfield Mo</u>			

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

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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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Henry F. Milster
Licensed Embalmer No. 4805
P. O. Address Terada, 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.