No. 300
10.48

JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20040

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 14

360

1

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

1. PLACE OF DEATH
a. COUNTY Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Villa Ridge, Rural, Boles
c. LENGTH OF STAY (in this place) 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Villa Ridge, Mo. R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY Franklin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Villa Ridge, Rural, Boles. 0360
d. STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) H. c. (Last) HABERBERGER

4. DATE OF DEATH (Month) July (Day) 1st, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH Nov. 20th, 1943.

9. AGE (In years last birthday) 8 — IF UNDER 1 YEAR Months 9 Days 11 — IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY x

11. BIRTHPLACE (State or foreign country) Washington, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert J. Haberberger.

13b. MOTHER'S MAIDEN NAME Florence Brueggenmann.

14. NAME OF HUSBAND OR WIFE x

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

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Albert J. Haberberger ADDRESS Villa Ridge, 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) Accidently Struck By auto Driven By Joseph C. Figler of New York at JCT. 100 SPUR and Hyw.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) 66

DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION E8124 036 25

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Boles (COUNTY) Franklin (STATE) Mo

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

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Crossing Hyw on Foot

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 Thos. P. Stoffer (Degree or title) Coroner

23b. ADDRESS Sullivan Mo

23c. DATE SIGNED 7/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 3, 1952

24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery,

24d. LOCATION (City, town, or county) Villa Ridge (Gildehaus) (State) Mo.

DATE REC'D BY LOCAL REG. July 2-1952

REGISTRAR'S SIGNATURE Mary B. Grass 94-0

25. FUNERAL DIRECTOR'S SIGNATURE Nieburg & Vitt Inc ADDRESS Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FOLD HERE

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 Jerome F. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.