

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

30532

State File No.

FILED SEP 2- 1952

S. No. 300
V. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>6186</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Taney</u> <u>1060</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garrison, R., Beaver</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u> <u>1160</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garrison, Rural, Beaver</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Church</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>J.</u> c. (Last) <u>Haverkamp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-24-52</u>				
5. SEX <u>Male</u> <u>♂</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>11-12-81</u>	9. AGE (In years) (last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 24 HRS. Hours
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>Stock</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Onto /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank John Haverkamp</u>			13b. MOTHER'S MAIDEN NAME <u>Christene Schidt</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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>5122 N. Palbourn</u> <u>Charles J. Lambert</u> <u>Chicago Ill.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Heart Failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>8-24</u> , 19 <u>52</u> , to <u>8-24</u> , 19 <u>52</u> , that I last saw the deceased <u>on 8-24</u> , 19 <u>52</u> , and that death occurred at <u>9:10 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hans Lueckel, M.D.</u>				23b. ADDRESS <u>Princeton Mo</u>		23c. DATE SIGNED <u>8-26-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bradleyville</u>		24d. LOCATION (City, town, or county) (State) <u>Bradleyville, Missouri</u>	
DATE RECD BY LOCAL REG. <u>8-30-52</u>		REGISTRAR'S SIGNATURE <u>J E Cozart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard Funeral Home, Ava, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Charles R. Fish

Licensed Embalmer No. *4662*

P. O. Address *Ova, 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.