

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30575**

FILED AUG 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 628

1. PLACE OF DEATH a. COUNTY <b>Warren</b> <u>1090</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <u>3018</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Warrenton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b> <u>1</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Katie Jane Memorial Home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Edward</b> c. (Last) <b>Haupt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 10, 1952</b>
5. SEX <b>male</b> <u>0</u>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b> <u>2</u>	8. DATE OF BIRTH <b>March 20, 1875</b>
9. AGE (in years last birthday) <u>77</u>		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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Morrison, Missouri</b> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Theodore Haupt</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Ernstmeyer</b>	
14. NAME OF HUSBAND OR WIFE <b>Caroline K. Linneman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Thad Corder Kansas City, Mo.</b>			
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* (a) <b>Pneumonia bilateral hypostatic</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhage</b> <b>2 days</b> DUE TO (c) <b>Hypertensive cordic-vascular</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>renal disease</b> <b>return</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>442X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>June 4</u> 19 <u>51</u> , to <u>Aug 10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 10</u> , 19 <u>52</u> , and that death occurred at <u>10 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Harold Oberholzer M.D.</b>		23b. ADDRESS <b>Warrenton Mo</b>	
23c. DATE SIGNED <b>Aug 11-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-13-52</b>	
24c. NAME OF CEMETERY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>Corder, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-14-52</b>		REGISTRAR'S SIGNATURE <b>Floyd Logan</b> <u>426</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F.W. Nieburg &amp; Co., Warrenton, Mo.</b>			

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

SEP

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.....  
Student Embalmer

Signed John Thibault  
Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.