No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 976

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4191 Registrar's No. 4

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1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gasconade
c. LENGTH OF STAY (In this place): 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morrison, 0750
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): ALVIN
b. (Middle): CHRISTIAN
c. (Last): HAEFFNER

4. DATE OF DEATH (Month) (Day) (Year): JAN. 15, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 9, 1875
9. AGE (In years last birthday): 77 — If under 1 year: Months 3, Days 6 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired
10b. KIND OF BUSINESS OR INDUSTRY: selfemployed
11. BIRTHPLACE (City and State or Foreign Country): Gasconade CountymMissouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Christian Haeffner
13b. MOTHER'S MAIDEN NAME: Amelia Eckermann
14. NAME OF HUSBAND OR WIFE: Hulda Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Armin Haeffner, Gasconade, Mo. — ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis Ht. Dis. — 10 yrs
DUE TO (c) 4200

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial asthma — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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) m.
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* 6-23, 1948, *to* 1-15, 1953, *that I last saw the deceased alive on* 8-30, 1952, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl T. Shaw MD
23b. ADDRESS: Hermann, Mo.
23c. DATE SIGNED: 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/17/53
24c. NAME OF CEMETERY OR CREMATORY: Good Hope
24d. LOCATION (City, town, or county) (State): Morrison, Mo.

DATE REC'D BY LOCAL REG.: 1-19-53
REGISTRAR'S SIGNATURE: Dorothy Wallace 363
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Morton — ADDRESS: MORTON FUNERAL HOME LINN, MO.

(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 Vernon M. Moulton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.