

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6695**

FILED MAR 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4265 Registrar's No. \_\_\_\_\_

0540

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

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Napoleon</b>		c. LENGTH OF STAY (In this place) <b>57 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Napoleon, Mo.</b>	
		d. STREET ADDRESS (If rural, give location) <b>Rural Napoleon, Missouri</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fredrick</b> b. (Middle) <b>William</b> c. (Last) <b>Haase</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 18 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 18, 1885</b>
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 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>Warren Co. Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Fredrick W. Haase Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Lefholz</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Hulda Haase</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hulda Haase Rural Napoleon, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suicide by shot gun wound in upper abdomen</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>E976X</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ill from heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>No surgery</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>In his home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Napoleon Lafayette Mo</b>	
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? <b>Gun shot</b>	
22. I hereby certify that I attended the deceased from <b>after death</b> , 19 <b>Feb 18</b> , 19 <b>53</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W E Martinand Coroner</b>		23b. ADDRESS <b>O Delta Mo</b>	23c. DATE SIGNED <b>2-18-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-21, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul Evan. Church</b>	24d. LOCATION (City, town, or county) (State) <b>Napoleon, Missouri</b>
DATE REC'D BY LOCAL REG. <b>2-20-1953</b>	REGISTRAR'S SIGNATURE <b>Emma Davidson</b>	495-2 <b>J. C. Sheppard</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wellington, Mo.</b>

AUG 7 1958

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

*J. Clair Sheppard*

Licensed Embalmer No. 4179

P. O. Address Wellington, 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.