

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25531

State File No.

FILED JUL 20 1953

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 29

0570

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) <u>Troy, MO - Rural</u>		c. CITY OR TOWN <u>Troy, (Rural)</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u> 0570	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>L.</u> c. (Last) <u>Hafner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 1 53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-2-1898</u>
9. AGE (In years last birthday) <u>54</u>		10. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>FRANK HAFNER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HARDESTY</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK F. HAFNER - Troy - MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma - (Diabetic Mellitus)</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>Cerebral Apoplexy -</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>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>June 30, 1953</u> to <u>July 1, 1953</u> , that I last saw the deceased alive on <u>July 1, 1953</u> , and that death occurred at <u>8:30 PM</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>J. C. Cressch M.D.</u> (Degree or title)		23b. ADDRESS <u>Troy - MO</u>	
23c. DATE SIGNED <u>July 1/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHANY Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis - MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SENNETT - 3175 LAFALETTE.</u>	
DATE REC'D BY LOCAL REG. <u>7-6-1953</u>		REGISTRAR'S SIGNATURE <u>Emma D. Riddle</u>	

JUL 27 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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joseph J. [Signature]*

Licensed Embalmer No. *2164*

P. O. Address *3125 [Address]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.