

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27526**

No. 300  
10-48

FILED AUG 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **4531** Registrar's No. **42**

|  |  |  |             |
|--|--|--|-------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Warren</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b> |             |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>Warrenton</b> | c. LENGTH OF STAY (in this place)<br><b>17 mo.</b> | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Warrenton</b>   | <b>1090</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Katie Jane Mem. Home</b>                  |  | d. STREET ADDRESS (If rural, give location)<br><b>No. Highway 47</b>   |             |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Adam</b> b. (Middle) <b>Fred</b> c. (Last) <b>Haeuser</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 28, 1953</b> |  |  |
|--|--|--|---|--|--|

|                    |                               |  |   |   |  |   |
|--------------------|-------------------------------|--|---|---|--|---|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>July 3, 1865</b> | 9. AGE (In years last birthday) <b>88</b> | IF UNDER 1 YEAR Months <b>0</b> Days <b>25</b> | IF UNDER 24 HRS. Hours <b></b> Min. <b></b> |
|--------------------|-------------------------------|--|---|---|--|---|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>General Farm</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Wuerttemberg, Germany</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|--|--|---|--|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><b>Johann Andreas Haeuser</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Kathrine Ludwig</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Martha Wippermann, Dec'd.</b> |
|---|---|---|

|   |                                     |   |                                  |
|---|-------------------------------------|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Eldon Haeuser, Warrenton, Mo.</b> | ADDRESS<br><b>Warrenton, Mo.</b> |
|---|-------------------------------------|---|----------------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>34</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of urinary bladder</b>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Prostate hypertrophy</b><br>DUE TO (c) <b>Generalized arteriosclerosis</b> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Stility</b>   |  |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 **3-6-1952** to **7-28-1953**, that I last saw the deceased alive on **7-27-1952**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

|   |                            |                                       |                                   |
|---|----------------------------|---------------------------------------|-----------------------------------|
| 23a. SIGNATURE<br><b>David J. [Signature]</b> | (Degree or title) <b>D</b> | 23b. ADDRESS<br><b>Warrenton, Mo.</b> | 23c. DATE SIGNED<br><b>8-1-53</b> |
|---|----------------------------|---------------------------------------|-----------------------------------|

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>July 30, '53</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Smiths Creek Meth. Ch. Warren Co., Mo.</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Warrenton, Mo.</b> |
|--|----------------------------------|---|--|

|   |   |       |   |         |
|---|---|-------|---|---------|
| DATE REC'D BY LOCAL REG.<br><b>8-4-53</b> | REGISTRAR'S SIGNATURE<br><b>Floyd Logan</b> | 421-d | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>F.W. Nieburg &amp; Co., Warrenton, Mo.</b> | ADDRESS |
|---|---|-------|---|---------|

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

(Licensed Embalmer's Statement on Reverse Side)

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 E. Herlitzger*  
Licensed Embalmer No. *4409*

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.