

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32380

FILED OCT 14 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5751 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Jefferson township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Jefferson township)	
c. LENGTH OF STAY (in this place) 52 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION family home		d. STREET ADDRESS (If rural, give location) 0630	

3. NAME OF DECEASED (Type or Print) a. (First) OTTO b. (Middle) ROBERT c. (Last) HAFNER	4. DATE OF DEATH (Month) (Day) (Year) SEPT 29th 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT 22nd 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME EMIL HAFNER	13b. MOTHER'S MAIDEN NAME ANNA BAUMGARTNER	14. NAME OF HUSBAND OR WIFE Minnie Enke (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Frank Hafner (son)	ADDRESS Belle, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 Min 9 MO.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last: DUE TO (b) Carcinoma of Prostate DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 197X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 27, 1953 to 9/29/53, that I last saw the deceased alive on 9/19/53, and that death occurred at 4:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.H. Schoultz D.D.	23b. ADDRESS Belle, Mo.	23c. DATE SIGNED 10/2/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 2nd 53	24c. NAME OF CEMETERY OR CREMATORY Schanning Cemetery	24d. LOCATION (City, town, or county) (State) Maries County, Mo.
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DATE REC'D BY LOCAL REG. 10-3-53	REGISTRAR'S SIGNATURE Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE SASSMANN'S FUNERAL SERVICE	ADDRESS BELLE
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(Licensed Embalmer's Statement on Reverse Side)

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

030

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

Chester J. ...

Licensed Embalmer No. *4178*

P. O. Address *Blair Ave*

RCN

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.

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