

STANDARD CERTIFICATE OF DEATH

0160

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

FILED OCT 27 1953

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5188 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Crump</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Apple Creek</u> d. STREET ADDRESS (If rural, give location) <u>3 mi S Waisy</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>H</u> c. (Last) <u>HAUPT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 9 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>OCT. 9, 1868</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles C Haupt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mantry</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen Statler</u>		15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Henry J Haupt</u>		18. ADDRESS <u>Millersville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from peptic ulcer</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic Stenosis</u> DUE TO (c) <u>arteriosclerosis</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) <u>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>July 18</u> , 1953, to <u>Oct 9</u> , 1953, that I last saw the deceased alive on <u>Oct 6</u> , 1953, and that death occurred at <u>2:30 p m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John M. Hinshelwood</u> (Degree or title)			23b. ADDRESS		23c. DATE SIGNED <u>Oct 19-53</u>
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>4 mi S-W Dairy MO</u>
DATE REC'D BY LOCAL REG. <u>0520-53</u>		REGISTRAR'S SIGNATURE <u>D G Suber</u> 43		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deneka-Weird-Jackson Inc</u> ADDRESS	

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 P. O. Laird.....

Licensed Embalmer No. 45-38.....

P. O. Address Jackson, 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.