

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38724

State File No.

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ROARKTWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ROARKTWP</u>	
c. LENGTH OF STAY (In this place) <u>23 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>12 mi. S of HERMANN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 mi S. of HERMANN</u>		0370	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONHARD</u> b. (Middle) <u>JOHN</u> c. (Last) <u>HAERER</u>	4. DATE OF DEATH (Month) <u>11</u> (Day) <u>8</u> (Year) <u>1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>9-4-1870</u>	9. AGE (In years last birthday) <u>83</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN HAERER</u>	13b. MOTHER'S MAIDEN NAME <u>CHRISTINA NAGEL</u>	14. NAME OF HUSBAND OR WIFE <u>ADDIE HAERER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO NC</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GOTTLIEB HAERER</u> ADDRESS <u>HERMANN, MO</u>
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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 <u>1 wk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO "DEATH" (a) <u>MYOCARDIAL INFARCTION</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DIS.</u> <u>5 YRS</u> 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 <u>4/200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 9-23, 1953, to 11-8, 1953, that I last saw the deceased alive on 9-23, 1953 and that death occurred at 3:30 AM., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) (If 22b. ADDRESS) <u>George M. Workman, M.D.</u>	22c. DATE SIGNED <u>11-9-53</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-11-53</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CITY CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HERMANN MO</u>
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DATE REC'D BY LOCAL REG. <u>11-10-53</u>	REGISTRAR'S SIGNATURE <u>Delma Gerken</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Hermann</u>	ADDRESS <u>HERMANN, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0370

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 _____

August B. Bunker

Licensed Embalmer No. 3160

P. O. Address Herricks, N.Y.

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.