

No. 300  
10.48

FILED JAN 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 3434 State File No. 829

BIRTH NO.		REG. DIST. NO. 116	PRIMARY REG. DIST. NO. 2020	Registrar's No. 10
1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-St. John's		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-St. John's 0360		
c. LENGTH OF STAY (In this place) 17 Yrs.		d. STREET ADDRESS (If rural, give location) R.F.D. South Point, Mo. R/F.D. Washington, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. FULL NAME OF HOSPITAL OR INSTITUTION		
3. NAME OF DECEASED a. (First) Otto		b. (Middle) George		c. (Last) Haeffner
4. DATE OF DEATH (Month) (Day) (Year) Jan 21 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 28, 1867
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 11 Days 23		IF UNDER 6 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Herman, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A				
13a. FATHER'S NAME Phillip Haeffner		13b. MOTHER'S MAIDEN NAME Wilhelmina Eikermann		14. NAME OF HUSBAND OR WIFE Ida Schoening
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. R.H. Stoops, R.F.D. Washington, Mo. ADDRESS
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General infirmities of old age INTERVAL BETWEEN ONSET AND DEATH 10 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/21/54 3:15 P.M.		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 6 Aug, 1948, to 21 Jan, 1954, that I last saw the deceased alive on 20 Jan, 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.				
23a. SIGNATURE Raymond H. Bozzo M.D.		23b. ADDRESS Washington, Mo.		23c. DATE SIGNED 22 Jan 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		24b. DATE 1-24-1954		24c. NAME OF CEMETERY OR CREMATORY St. John's E.&R. Cemetery
24d. LOCATION (City, town, or county) Swiss, Missouri		24e. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 1/22/54		REGISTRAR'S SIGNATURE J.P. Steubman J.P. Steubman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg & Vitt Inc Washington, Mo.

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

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

*Jerome F. Swoboda*

Licensed Embalmer No. *4507*

P. O. Address *Washington*

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.