

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11040**
Registrar's No. **13**

FILED MAR 17 1954		REG. DIST. NO. 374	PRIMARY REG. DIST. NO. 4347	Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Worth			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 1130		
3. NAME OF DECEASED (Type or Print) Monroe		a. (First) Dawson		c. (Last) Hass	
b. (Middle)		4. DATE OF DEATH March 11, 1954		(Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 28, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Grant City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Phillip Jr. Hass		13b. MOTHER'S MAIDEN NAME Margret Jane Ross	
14. NAME OF HUSBAND OR WIFE Dec. Nellie Hall Hass		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Fern Hass		ADDRESS Grant City, Mo.		18. CAUSE OF DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDULLARY FAILURE		ANTECEDENT CAUSES		48 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) ANOXIA		48 hrs	
DUE TO (c) PNEUMONIA		II. OTHER SIGNIFICANT CONDITIONS		4 days	
Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL ACCIDENT		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 493 X	
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)		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 DECEMBER 1952 to MAR 11, 1954 , that I last saw the deceased alive on MAR. 10, 1954 , and that death occurred at 12:05 A.M. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Richard J. Dwyer	
23b. ADDRESS Grant City		23c. DATE SIGNED 3-12-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-12-1954		24c. NAME OF CEMETERY OR CREMATORY Fletcher Cemetery		24d. LOCATION (City, town, or county) (State) Worth County, Missouri	
DATE REC'D BY LOCAL REG. March 13-1954		REGISTRAR'S SIGNATURE Reta E. Dawson 345-		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dwyer ADDRESS Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Arch C. Dunfee
Bill A. Dunfee

Licensed Embalmer No. _____

4908

P. O. Address

Grant City, TN

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.