

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11099

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY AUDRAIN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WARREN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. LENGTH OF STAY (in this place) 4 1/2 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARRENTON		1090
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN COUNTY HOSP			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) ERNST c. (Last) HASE			4. DATE OF DEATH (Month) (Day) (Year) MAY 3, 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 25, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 9 Days 8
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) TRELOAR, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CARL HASE		13b. MOTHER'S MAIDEN NAME —	14. NAME OF HUSBAND OR WIFE EMILIE HASE, DECD.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Herbert HASE ADDRESS WARRENTON, MO			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Block DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mos. 4 years.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4330		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) 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 Apr. 29, 1954 , to May 3, 1954 , that I last saw the deceased alive on May 2, 1954 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE H. B. Swan		(Degree or title) 10.02	23b. ADDRESS Mexico, Mo		23c. DATE SIGNED 5-3-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-5-54	24c. NAME OF CEMETERY IMMANUELS BIR CHURCH	24d. LOCATION (City, town, or county) (State) HOLSTEIN, MO.		
DATE REC'D BY LOCAL REG. May 4-1954	REGISTRAR'S SIGNATURE Blanche Keely		25. FUNERAL DIRECTOR'S SIGNATURE F. W. NIEBURG & CO. ADDRESS WARRENTON, 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

John Thibault

Licensed Embalmer No. 3897

P. O. Address Warrenton, Or

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.