

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17893

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4040

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u> <u>0080</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claus</u>			b. (Middle) <u>C</u>		c. (Last) <u>Haase</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>4th</u> (Year) <u>1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 31st 1879</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>28</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>John Haase</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Gardner</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Haase</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Haase</u> ADDRESS <u>Cole Camp 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Incontinence and Proliferation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma</u> DUE TO (c) <u>Colon (hepatic flexure)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>						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 <u>June 30, 1954</u> , to <u>July 2, 1954</u> , that I last saw the deceased alive on <u>July 2, 1954</u> , and that death occurred at <u>5:30 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Thomas P. Wilson</u>				23b. ADDRESS <u>P. O. # Stover, Mo.</u>		23c. DATE SIGNED <u>July 7, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 7th 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 7, 1954</u>		REGISTRAR'S SIGNATURE <u>E. L. Eickhoff</u> 394		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. L. Eickhoff</u> <u>Cole Camp Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0080

2117

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.