No. 300
10.48

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18440

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY: Dent	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Mo. b. COUNTY: nDent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem c. LENGTH OF STAY (In this place): 1 Month	c. CITY OR TOWN: Salem, Mo d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cubbage Apts.	e. STREET ADDRESS (If rural, give location): Rt3, Salem, Near Darien 0330

3. NAME OF DECEASED (Type or Print)	a. (First): Fred	b. (Middle): L.	c. (Last): Haage	4. DATE OF DEATH (Month) (Day) (Year): June 22, 1954
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Jan. 23, 1890	9. AGE (In years last birthday): 64 — 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): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Fred Haage	13b. MOTHER'S MAIDEN NAME: Minnie Sparman	14. NAME OF HUSBAND OR WIFE: Dorothy Haage		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 487-24-9154	17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Dorothy Haage, Rt.5, Salem, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Ventricular fibrillation	
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Generalized Debilitation	
	DUE TO (c) Hepatic Cirrhosis	
11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerotic Heart Disease	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 5810	20. AUTOPSY? YES ☐ NO ☒
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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/22, 1954, *to* 6/22, 1954, *that I last saw the deceased alive on* 6/22, 1954, *and that death occurred at* 10:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. J. Bass M.D.	23b. ADDRESS: 4th & Pershing, Salem, Mo	23c. DATE SIGNED: 6/25/54	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 6/25/54	24c. NAME OF CEMETERY OR CREMATORY: Green Forest Cemetery	24d. LOCATION (City, town, or county) (State): Dent County, Mo.
DATE REC'D BY LOCAL REG.: 6-22-54	REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by MEZ 83-0	25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Blackwell - Warfel, Salem, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marshall C. Black

Licensed Embalmer No. 471

P. O. Address Salem, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.