

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

614

State File No. ....

BIRTH NO. 952-55 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Cole</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: (Specify before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTE <u>CHAS. E. STILL OSTEOP. HOSP.</u>		f. STREET ADDRESS (If rural, give location) <u>1200 S. Madison</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DARLENE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>HASLAG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5 1955</u>		
--	--	--	---	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Jan 31, 1953</u>		9. AGE (In years last birthday) <u>22</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u> IF UNDER 2 HRS. Hour <u>1</u> Min.	
----------------------	--	-------------------------------	--	---	--	--------------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
---	--	-----------------------------------	--	---	--	--	--

13. FATHER'S NAME <u>Raphael A. Haslag</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice M. Mason</u>		14. NAME OF HUSBAND OR WIFE			
--	--	---	--	-----------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Raphael A. Haslag - Linn, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Respiratory failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>32 hours</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic</u> DUE TO (c) <u>Staphylococcal infection</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>7700</u>	
--	--	--	--	--	--

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 Jan 31, 1953, to Feb 5, 1955, that I last saw the deceased alive on Feb. 5, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howard W. Baldwin, D.D.</u>		23b. ADDRESS <u>Linn, Mo.</u>		23c. DATE SIGNED <u>2/4/55</u>	
---	--	-------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 7, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. George</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>	
---	--	----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>Feb 5-1955</u>		REGISTRAR'S SIGNATURE <u>R. P. Dorris MD-MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chade Morton</u>		ADDRESS <u>Linn, Mo.</u>	
--	--	---	--	--	--	--------------------------	--

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

0.300  
0.48

---

---

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.....  
Signature of Student Embalmer

Signed *Vernon M. Morlon*

Licensed Embalmer No. *4125*

P. O. Address *Levin, T*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.