

No. 300
10. 48

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12409

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rock Township</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rock Township</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FENTON, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>FENTON, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> b. (Middle) <u>Charles</u> c. (Last) <u>Haase</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 18, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 29, 1864</u>	9. AGE (in years last birthday) <u>90</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TINNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>G.M. & O. R.P.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Muscotah, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Christ Haase</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Schrecka</u>		14. NAME OF HUSBAND OR WIFE <u>ETTA 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer C. Haase FENTON, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Unknown
	DUE TO (b) <u>Senility, marked</u>		
	DUE TO (c) <u>Generalized arteriosclerosis</u>		Indef
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emaciation.</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1951, to April 18, 1955, that I last saw the deceased alive on April 18, 1955, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo W. Rehner Jr.</u> (Degree or title) <u>D.D.</u>		23b. ADDRESS <u>Box 6 - Newton Mo</u>		23c. DATE SIGNED <u>4-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Bloomington, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>4/23/55</u>		REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u> <u>438 0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Will B. L. & U. G. 2927 S. Jefferson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 27 1955

MAR 18 1955

MAR 14 1956

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 *J. M. Davis*

Licensed Embalmer No. *374*

P. O. Address *2929 1/2 St*

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.