

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23276

State File No. \_\_\_\_\_  
Registrar's No. 169

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 169	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Moberly</b>		c. LENGTH OF STAY (in this place) <b>11 days</b>		c. CITY OR TOWN <b>Forest Green</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>approx 1/2 Mi. No. W. of Forest Green</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Michiell</b>		c. (Last) <b>Haffcke</b>		4. DATE OF DEATH (Month) <b>July</b> (Day) <b>8</b> (Year) <b>1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 28, 1877</b>		9. AGE (In years last birthday) <b>78</b>	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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Chariton County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Michiell</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Bentley</b>		14. NAME OF HUSBAND OR WIFE <b>William Haffcke</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>XXX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Wm. Haffcke</b> ADDRESS <b>Forest Green, Mo.</b>			
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Fracture Hips</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>9040</b> <b>21</b>				INTERVAL BETWEEN ONSET AND DEATH <b>11 Days</b>	
19a. DATE OF OPERATION <b>30 June 55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fractured Hips - Nailings</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN) OR TOWNSHIP <b>Salisbury</b>		COUNTY (STATE) <b>Chariton Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 27 55 3:30 P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall</b>			
22. I hereby certify that I attended the deceased from <b>27 June 1955</b> to <b>8 July 1955</b> , that I last saw the deceased alive on <b>7 July 1955</b> , and that death occurred at <b>11:45</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. H. Haffcke</b> (Degree or title) <b>Sub</b>				23b. ADDRESS <b>Moberly Mo.</b>		23c. DATE SIGNED <b>11 July</b>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/10/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem Lutheran Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Forest Green Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-10-55</b>		REGISTRAR'S SIGNATURE <b>Seawhower</b> 269		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas B W inhelmeier</b>		ADDRESS <b>Salisbury Mo.</b>	

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

MS  
APR 2  
1959

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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.....

Licensed Embalmer No. 384

P. O. Address Salisburg

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.