

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31100**

FILED SEP 24 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before death.) a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>	
b. CITY OR TOWN <b>Carrollton</b>		c. CITY OR TOWN <b>Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>7 mi. SW. of Carrollton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LITTLE</b> b. (Middle) <b>HASELROTH</b> c. (Last) <b>HASELROTH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 16, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>5-14-1904</b>	9. AGE (In years) (Month) (Day) (Hours) (Min.) <b>53</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Carroll Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>August Lueders</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Eisner</b>		14. NAME OF HUSBAND OR WIFE <b>Ed Haselroth</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.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Ed Haselroth, Norborne Mo. RFD #3</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Metastatic Cancer of gland</b>		DUE TO (a) <b>Bad Thyroid</b>		<b>3 mo</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>July 5, 1957</b>		19b. MAJOR FINDINGS OF OPERATION <b>Malignancy of Gland</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. on or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Aug 3, 1957**, to **Sept 16, 1957**, that I last saw the deceased alive on **Sept 14, 1957**, and that death occurred at **7:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <b>Ed Haselroth</b>		23b. ADDRESS <b>Carrollton Mo.</b>		23c. DATE SIGNED <b>9-16-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-18-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Carroll Memorial Gardens</b>	
24d. LOCATION (City, town, or county) (State) <b>Carrollton Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley Gibson</b>		ADDRESS <b>Carrollton Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9/18/57</b>		REGISTRAR'S SIGNATURE <b>Mo. Herbert Calver</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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 *Ben W. Gibson*.....

Licensed Embalmer No. *296*.....

P. O. Address *Carrollton*.....

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.