

FILED MAR 10 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 4191 Registrar's No. 12

300
-57

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GASCONADE</u>		c. CITY OR TOWN <u>GASCONADE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>376</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALVINA FLORA HAEFFNER</u>		4. DATE OF DEATH Month Day Year <u>MARCH 1- 1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR. 19-1911</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		11. BIRTHPLACE (City and state or country) <u>GASCONADE Mo</u>	9. AGE (In years last birthday) <u>46</u>
13a. FATHER'S NAME <u>GEORGE WALTHER</u>		14. NAME OF HUSBAND OR WIFE <u>MILTON W. HAEFFNER</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>		17. INFORMANT Address <u>MILTON HAEFFNER GASCONADE Mo</u>	
13b. MOTHER'S MAIDEN NAME <u>ELIZABETH RABENAU</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. b. <u>Influenza</u>			<u>5 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>12-29-52</u> to <u>3-1-58</u> and last saw ^{her} _{him} alive on <u>2-23-58</u> Death occurred at <u>10:10</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Carroll T. Shaw, MD</u>		22b. ADDRESS <u>Hermann, Mo.</u>	
		22c. DATE SIGNED <u>3-3-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3/4/1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>GASCONADE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>GASCONADE Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>HUGO H. Blumer Hermann Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-3-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Delma Uffelman</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are diseases in Part I must be causally related.

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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 *Hugot Blumer*

Licensed Embalmer No. *3160*
P. O. Address *Meriam No*

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.