

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011702  
STATE FILE NUMBER 2765

FILED MAR 27 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN OVERLAND		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
32 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES		Length of stay in lb 11 days		27 d. STREET ADDRESS 10658 DECKER		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First OTTO Middle DANIEL Last HAEFFNER				4. DATE OF DEATH Month MARCH Day 7 Year 1958			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH NOV. 13, 1914		9. AGE (In years last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEALER		10b. KIND OF BUSINESS OR INDUSTRY POULTRY		11. BIRTHPLACE (City and state or country) MORRISON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME GEORGE HAEFFNER				14. MOTHER'S MAIDEN NAME ELENORA KLOSSNER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 498-09-4211		17. INFORMANT DANIEL HAEFFNER, 1718 S. 13th St.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart disease, etiology unknown</i>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 3-4 mos.	
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 _____ a. m. _____ p. m. _____			434.4				
20d. INJURY OCCURRED WHILE AT WORK <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		STATE	
21. I attended the deceased from <i>Mar 3, 1958</i> to <i>Mar 7, 1958</i> and last saw her alive on <i>Mar 7, 1958</i> Death occurred at <i>12:15 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Stanton M. Wood, M.D.</i>				22b. ADDRESS <i>378 McClellan St. Louis 17, MO.</i>		22c. DATE SIGNED <i>Mar 7, 1958</i>	
23a. BURIAL, CREMATION, REMOVAL <input checked="" type="checkbox"/> REMOVAL		23b. DATE 3-8-1958	23c. NAME OF CEMETERY OR CREMATORY GOOD HOPE		23d. LOCATION (City, town, or county) (State) MORRISON, MISSOURI		
24. FUNERAL DIRECTOR TANNER FUNERAL HOME, ADDRESS 6107 NATL BRIDGE			25. DATE RECD. BY LOCAL REG. MAR 8 '58		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Laurence O. Heeling*.....

Licensed Embalmer No. *148*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (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.