

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013753

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 115-116 Primary Registration District No. 5433 Registrar's No. 130

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LESLIE		0360 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ON HIGHWAY			Length of stay in 1b	d. STREET ADDRESS R.R.			(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VALENTINE Middle Last HAUCK				4. DATE OF DEATH Month APRIL Day 15 Year 1958			
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 23, 1897 OCT. 10, 1898		9. AGE (In years last birthday) 57 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY MOVING BUSINESS		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME VAL ENTINE HAUCK				14. MOTHER'S MAIDEN NAME LOUISE RENSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1st WORLD WAR		16. SOCIAL SECURITY NO. 486-38-9086		17. INFORMANT Address WILLIAM HAUCK MORRISON, ILL.			
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>Multiple fractures of ribs</i> <i>case with lacerations of chest</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>fractures</i> DUE TO (c) <i>fractures</i>							INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>Subject was driving auto involved</i>				
20c. TIME OF INJURY Hour 9:45 a. m. 4/15/58 Month, Day, Year P. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Beaune River Bridge</i>			20f. CITY, TOWN, OR LOCATION 036 COUNTY UNION FRANKLIN MO. STATE				
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS <i>[Address]</i>		22c. DATE SIGNED 4/19/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-18-58	23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		23d. LOCATION (City, town, or county) ST. LOUIS MO. (State)		
24. FUNERAL DIRECTOR E. F. OLTMANN ADDRESS UNION, MO.			25. DATE RECD. BY LOCAL REG. 4/17/58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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..... *Ralph Altman*

Licensed Embalmer No..... *40*

P. O. Address..... *Union*

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