

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029870
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 342

| | | | |
|---|--------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Sedalia |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 321 North Grand | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 321 North Grand |
| 3. NAME OF DECEASED (Type or print) First Middle Last OSCAR WILLIAM HAAS | | | 4. DATE OF DEATH Month Day Year Aug. 22, 1958 |
| 5. SEX Male <input checked="" type="checkbox"/> | 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 Jan. 23, 1887 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aerialist retire | | 10b. KIND OF BUSINESS OR INDUSTRY Circus Act | 11. BIRTHPLACE (City and state or country) Waukesha, Wisconsin |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. NAME OF FATHER'S NAME Otto Haas | |
| 13b. MOTHER'S MAIDEN NAME Agnes Schepp | | 14. NAME OF HUSBAND OR WIFE Ida Delno Haas | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO | | 16. SOCIAL SECURITY NO. XXXXXXXXXX | 17. INFORMANT Mrs. Ida Haas, 321 N. Grand, Sedalia, Mo. |
| 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>Rupture of aortic aneurysm</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>022 X</u> | | | |
| 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 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 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 COUNTY STATE |
| 21. <u>viewed</u> and the deceased <u>as coroner</u> and last seen <u>her</u> alive on _____ Death occurred at <u>2:05 am</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 21a. SIGNATURE (Degree or title) <u>Chas. Delno Schepp</u> | | 21b. ADDRESS <u>Coroners, Pettis Co</u> | 21c. DATE SIGNED <u>8-22-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8/25/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bunceton Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Bunceton, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Thomas Emery</u> | ADDRESS <u>Sedalia, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>August 23 58</u> | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 *R. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Seebate*

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.