

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036007
STATE FILE NUMBER

FILED NOV 6 1958 Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROARK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY 1370 OR d. TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi S of Hermann		Length of stay in lb 84 yrs	d. STREET ADDRESS (If outside, give location) 12 mi S of Hermann
3. NAME OF DECEASED (Type or print) First THEODORE Middle HAEFFNER Last HAEFFNER			4. DATE OF DEATH Month Oct Day 24 Year 1958
5. SEX MALE	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 JUNE-15-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Gen'l Farming	11. BIRTHPLACE (City and state or country) RFD Hermann Mo
12. CITIZEN OF WHAT COUNTRY? U.S.		13. NAME OF HUSBAND OR WIFE ANNA HAEFFNER	
13a. FATHER'S NAME GEORGE HAEFFNER		13b. MOTHER'S MAIDEN NAME CATHERINE MOCHEL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Geo. Haeffner		Address Hermann 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) LEFT VENTRICULAR FAILURE			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE			
DUE TO (c) CARDIO-RENAL SYNDROME			
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.) 442X	
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 10/20/58 to 10/24/58 and last saw her/him alive on 10/24/58 Death occurred at 10/24/58 12:15 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. W. Gorton		22b. ADDRESS HERMANN MO	22c. DATE SIGNED 10/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-26-1958	23c. NAME OF CEMETERY OR CREMATORY St. John Cemetery	23d. LOCATION (City, town, or county) (State) SWISS Mo
24. FUNERAL DIRECTOR Hugo H. Blumer		ADDRESS Hermann Mo	25. DATE RECD. BY LOCAL REG. 10-25-1958
26. REGISTRAR'S SIGNATURE Delmar Uffelmann			

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

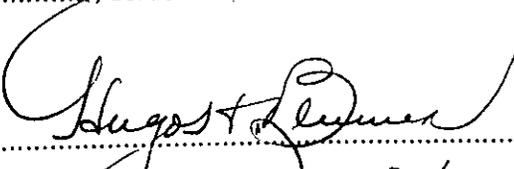
MEDICAL CERTIFICATION

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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


Licensed Embalmer No. 3160
P. O. Address Hermann Mo.

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.