

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043404
STATE FILE NUMBER

FILED JAN 15 1959

Registration District No. 43 Primary Registration District No. Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francis</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Poplar Bluff, Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Rural Route # 3</u> Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u> </u> Last <u>Haas</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>7</u> Year <u>1958</u>		
5. SEX <u>Male</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>May 8, 1891</u>	9. AGE (In years last birthday) <u>67</u>	IF FUNDER 1 YEAR Months <u>6</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.A.</u>

13a. FATHER'S NAME <u>Lucian Haas</u>		13b. MOTHER'S MAIDEN NAME <u>Sireira Berg</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Haas</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT <u>Mrs. Anna Haas, Poplar Bluff - R. # 3</u>		Address
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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>Cardiac Decompensation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
DUE TO (b) <u>Auricular Fibrillation</u>			
DUE TO (c) <u>4331</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the principal disease condition given in PART I (a)) <u>Bronchial Asthma</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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a.m. <u> </u> p.m. <u> </u>					

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>7 Dec 58</u> to <u>7 Dec 58</u> and last saw <u>him</u> alive on <u>5 Dec 58</u> Death occurred at <u>10:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>321 Oak Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>25 Dec 58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 10, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>	
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24. FUNERAL DIRECTOR ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>1/10/59</u>		26. REGISTRARS SIGNATURE <u>[Signature]</u>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part II must be causally related. No symptoms will be listed.

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 *Edgar W. Laffoon*

Licensed Embalmer No. *3394*

P. O. Address *Koplar Bluff*

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.