

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000676

STATE FILE NUMBER

37

FILED FEB 6 1959

Registration District No. 77 Primary Registration District No. 3016 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Loose Creek</b> <b>0760</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Mary's hospital</b>		Length of stay in 1b <b>7 days</b>	d. STREET ADDRESS (If outside, give location) <b>R F D</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Irene</b> Middle <b>Regina</b> Last <b>Haslag</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>30</b> Year <b>1959</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 8 1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home-making</b>	9. AGE (In years last birthday) <b>57</b> FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <b>Loose Creek Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>OSA</b>	
13a. FATHER'S NAME <b>William Orscheln</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Trecker</b>	
14. NAME OF HUSBAND OR WIFE <b>Paul Haslag Loose Creek</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mr Paul Haslag</b> Address <b>Loose Creek Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>congestive heart failure</b> DUE TO (b) <b>myocardial infarction</b> DUE TO (c) <b>coronary heart disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>410X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b> <b>??</b> <b>??</b>
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. I attended the deceased from <b>6/15/57</b> to <b>1/30/59</b> and last saw her/him alive on <b>1/30/59</b> Death occurred at <b>6:32 A</b> m 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 <b>Loose Creek Mo</b>	
22c. DATE SIGNED <b>2/3/59</b>		23. NAME OF CEMETERY OR CREMATORY <b>New Parish Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Feb. 1 1959</b>	23d. LOCATION (City, town or county) (State) <b>Loose Creek Mo</b>
24. FUNERAL DIRECTOR <b>Clyde Morton</b> ADDRESS <b>Linn Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4 February 1959</b>	
26. REGISTRAR'S SIGNATURE <b>R. P. Darrin, M.D. M.R.</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

100  
-57

All diseases in Part I must be causally related.

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 *Vernon M. Morton*

Licensed Embalmer No. *4125*  
P. O. Address *Linn 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.