

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000887

STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 4

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) TOWN HERMANN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HERMANN 0371 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 111 W 5TH ST		Length of stay in 1b 14 YRS	d. STREET ADDRESS (If outside, give location) 111 W. 5TH ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PAUL Middle HENRY Last HAEFFNER			4. DATE OF DEATH Month JAN Day 7 Year 1959
5. SEX MALE	6. COLOR OR RACE CAU.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 29 1892
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) FREDRICKSBURG MO
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME GEORGE HAEFFNER MOTHER'S MAIDEN NAME PAULINA STRECK NAME OF HUSBAND OR WIFE FLORENCE HAEFFNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-30-1581	17. INFORMANT Address MRS. PAUL HAEFFNER 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) CACTINOMA OF PROSTATE			INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X			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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 NOV 1958 to Jan 7, 1959 and last saw him alive on JAN 7, 1959 Death occurred at 10:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) 5th Doctor. D. O		22b. ADDRESS HERMANN, MO	22c. DATE SIGNED 2/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/10/59	23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY	23d. LOCATION (City, town, or county) (State) HERMANN MO
24. FUNERAL DIRECTOR ADDRESS HUGO H. Blumer HERMANN MO		25. DATE RECD. BY LOCAL REG. 1-9-59	26. REGISTRAR'S SIGNATURE Delmas Uffelmann

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL diseases in Part I must be causally related.

1959 AUG 7

JAN 22 1959

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 *Robert H. Kerner*

Licensed Embalmer No. *5055*
P. O. Address *Hermann*

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.