

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004934

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No.

Primary Registration District No.

Registrar's No.

77

5303

52

300
1-57

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE		
b. CITY (If outside corporate limits, give TOWNSHIP only) Jeff Twp. JEFFERSON CITY, MO.			c. CITY OR TOWN JEFFERSON CITY, MO.		
FULL NAME OF DECEASED (If NOT in hospital, give first name, middle initial, and last name in full) GERTRUDE HAAF			d. STREET ADDRESS (If outside, give location) R R # 3		
3. NAME OF DECEASED (Type or print) First GERTRUDE Middle HAAF Last HAAF			4. DATE OF DEATH Month FEB. Day 18, Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1888		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Peter Haaf		13b. MOTHER'S MAIDEN NAME Margaret Pirner		14. NAME OF HUSBAND OR WIFE None	
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. 488-38-4926		17. INFORMANT Address Joseph Haaf Jefferson City, 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) acute myocardial infarction DUE TO (b) coronary thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261					INTERVAL BETWEEN ONSET AND DEATH
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 apartment, home, factory, office, etc.) Patent office		20f. TOWN, OR LOCATION COUNTY STATE Sitting Jefferson City, Mo.	
21. I attended the deceased from Death occurred at at about 10:30 PM on the date stated above; and to the best of my knowledge, from the causes stated. was called and found her dead - seated in chair and last saw him alive on					
22a. SIGNATURE (Degree or title) J. A. Osborn M.D.			22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED 2-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/21/59	23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
24. FUNERAL DIRECTOR ADDRESS Lyndon Dulle J.C. No.		25. DATE RECD. BY LOCAL REG. 21 February 1959		26. REGISTRAR'S SIGNATURE R.P. Norris, M.D.-M.P.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Sylvester Skille*
Licensed Embalmer No. *4327*
P. O. Address *Jefferson City*

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.