

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013963

FILED VS MAR 22 1960 363

STATE FILE NUMBER

Registration District No. Primary Registration District No. 6336 Registrar's No. 4

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |  |  |  |
| a. COUNTY <b>WARREN</b>  |  | b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL CHARRETTE</b>                  |  | a. STATE <b>MISSOURI</b> b. COUNTY <b>WARREN</b>   |  | c. CITY OR TOWN <b>RURAL* CHARRETTE</b>  |  |
| Length of stay in lb <b>18 YEARS</b>   |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 MILES N.W. MARTHASVILLE</b>   |  |   |  | d. STREET ADDRESS (If outside, give location) <b>7 MILES N.W. MARTHASVILLE</b>   |  |  |  |
| 3. NAME OF DECEASED (Type or print) <b>EMMA MARIA HAVERKAMP</b>  |  |   |  | 4. DATE OF DEATH <b>MARCH 11, 1960</b>   |  |  |  |
| 5. SEX <b>FEMALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>   |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <b>2/20/1891</b>  |  |
| 9. AGE (last birthday) <b>69</b>   |  | IF UNDER 1 YEAR Months  |  | IF UNDER 24 HR Days  |  | Hours Min.   |  |
| 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>OWN HOME</b>   |  | 11. BIRTHPLACE (City and state or country) <b>WARREN COUNTY, MO.</b>   |  | 12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>  |  |
| 13a. FATHER'S NAME <b>LOUIS WITTHAUS</b>   |  |   | 13b. MOTHER'S MAIDEN NAME <b>CHARROTTA LICHTENBERG</b> |  |  | 14. NAME OF HUSBAND OR WIFE <b>OTTO HAVERKAMP</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. <b>NONE</b>   |  | 17. INFORMANT <b>ARDEL GROEPER, MARTHASVILLE, MO.</b>  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  |  |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>1946</b> |
| IMMEDIATE CAUSE (a) <b>PSEUDO-MUCINOUS CYST OVARY AND PERITONEAL CAVITY AND LIVER</b>  |  | DUE TO (b)  |  |  |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | DUE TO (c)  |  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1ly pertensive heart disease</b>  |  |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 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 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>3-25-49</b> to <b>Mar 11 1960</b> and last saw her alive on <b>Mar 11, 1960</b><br>Death occurred at <b>10 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |  |  |
| 22a. SIGNATURE <b>[Signature]</b> (Degree or title)  |  |   |  | 22b. ADDRESS <b>Marthasville, Mo</b>   |  | 22c. DATE SIGNED <b>3-14-60</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>  |  | 23b. DATE <b>3/15/ 1960</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY <b>AUGUSTA CITY CEMETERY</b>  |  | 23d. LOCATION (City, town, or county) <b>AUGUSTA, MISSOURI</b> (State)   |  |
| 24. FUNERAL DIRECTOR <b>D. F. LICHTENBERG, MARTHASVILLE, MISSOURI</b> ADDRESS  |  |   |  | 25. DATE RECD. BY LOCAL REG. <b>3/14/68</b>  |  | 26. REGISTRAR'S SIGNATURE <b>[Signature]</b>   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Delmont F. Lichtenberg

Licensed Embalmer No. ~~3712~~ 4318

P. O. Address MARTHASVILLE, 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.