

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-019134

FILED VS MAY 23 1960 33

Primary Registration District No. 3022

Registrar's No. 67

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Mo b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany Mo		c. CITY OR TOWN Bethany Mo	
Length of stay in 1b 52 Yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial		d. STREET ADDRESS (If outside, give location) Bethany, Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Stanley M. Haas			4. DATE OF DEATH 5-13-60
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-17-87
9. AGE (last birthday) 72		IF UNDER 1 YEAR IF UNDER 24 HR Months 8 Days 6 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Undertaker	
11. BIRTHPLACE (City and state or country) Worth Co Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Haas		13b. MOTHER'S MAIDEN NAME Martha Jane Frost	
14. NAME OF HUSBAND OR WIFE Minnie Bryant Haas		Address	
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. None	
17. INFORMANT Melvin B Haas		Address Bethany 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) ANTEROLATERAL MYOCARDIAL INFARCT DUE TO (b) ARTERIOSCLEROSIS. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 8 1/2 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC CEREBRAL VASCULAR DS.; PAGET'S DS. OF BONE.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 12-2-59 to 5-13-60 and last saw ^{him} alive on 5-13-60 . Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert T. Mabe M.D.		22b. ADDRESS Bethany Mo.	
22c. DATE SIGNED 5-14-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5 16 60	23c. NAME OF CEMETERY OR CREMATORY Miriam	
23d. LOCATION (City, town, or county) Bethany Mo		(State)	
24. FUNERAL DIRECTOR M B Haas		25. DATE RECD. BY LOCAL REG. 5-14-1960	
ADDRESS Bethany Mo.		26. REGISTRAR'S SIGNATURE Gella Mayey	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed MB Haas

Licensed Embalmer No. 3899

P. O. Address Bethany

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.