RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 1960

-60-025746
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 79

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar
Length of stay in 1b: 6 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gilbreath Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dade
c. CITY OR TOWN Golden City R. 2 Grant Twp.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3½ mi. SE Golden City
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: CAECILIA Middle: MARTHA Last: HAUSTEIN
4. DATE OF DEATH Month, Day, Year: July 25, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/12/94
9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months, Days
IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Staunton, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fredrick Albin Haustein
13b. MOTHER'S MAIDEN NAME: Rosa Clara Meier
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT: Mrs. Conrad Wirth, Address: Golden City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Parkinson disease; hyper
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) tension
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 July 2 60, to July 25 and last saw her/him alive on July 25
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J R Guedner (Degree or title) M D
22b. ADDRESS LAMAR
22c. DATE SIGNED 7-26-6

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: July 28, 1960
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Golden City, Mo.
24. FUNERAL DIRECTOR: Phillips Funeral Home, ADDRESS: Golden City, Mo.
25. DATE RECD. BY LOCAL REG.: July 27th
26. REGISTRAR'S SIGNATURE: Marie Konsantz

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H. Lowell Pugh

Signature of Student Embalmer

Licensed Embalmer No. 4951

P. O. Address Golden Cit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.