

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025858

FILED VS JUL 18 1960 **38**

Registration District No. **38** Primary Registration District No. **5118** Registrar's No. **396**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Missouri		Length of stay in 1b Instant		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 miles West Columbia				d. STREET ADDRESS (If outside, give location) 305 Benton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Marguerite Haukap				4. DATE OF DEATH Month Day Year 7 12 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/1/1936	9. AGE (last birthday) 24	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) St. Louis County, Mo. USA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Richard Riley			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Robert Haukap		
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. -----		17. INFORMANT Address William Haukap Columbia, 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) Multiple injuries of head, neck and right lower extremity						INTERVAL BETWEEN ONSET AND DEATH Instant	
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)					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 type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Motor vehicle accident					
20c. TIME OF INJURY Hour 7:00 Month, Day, Year 7-12-60		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.) Highway 40		20f. CITY, TOWN, OR LOCATION COUNTY STATE 12 mi. West Columbia Boone, Mo	
21. I attended the deceased from Coroner's Case to Case and last saw him alive on _____ Death occurred at 7:00 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Address or title) Richard E. Johnson, M.D.				22b. ADDRESS Columbia, Mo			22c. DATE SIGNED 7-13-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/13/1960	23c. NAME OF CEMETERY OR CREMATORY St. Louis, Missouri		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia, Mo.				25. DATE RECD. BY LOCAL REG. July 13 1960		26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1960 9 14

SEP 14 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed George D. [Signature]

Licensed Embalmer No. 442
P. O. Address Columb

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