

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE
JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

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5118

397

-60-025859

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 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 Timothy Middle Mark Last Haukap | | | | 4. DATE OF DEATH Month 7 Day 12 Year 1960 | | | |
| 5. SEX Male | | 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 8/28/59 | |
| 9. AGE (last birthday) 10 Months 14 Days 14 Hours 14 Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | 11. BIRTHPLACE (City and state or country) Columbia, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Robert Haukap | | 13b. MOTHER'S MAIDEN NAME Marguerite Riley | | 14. NAME OF HUSBAND OR WIFE ----- | |
| 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. 487-38-5601 | | 17. INFORMANT 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 right hip and lower extremities DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH Instant | |
| 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 checked="" 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 7:00 Hour 7-12-60 Month, Day, Year p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Miles West Columbia Boone Mo | |
| 21. I attended the deceased from Coroner's Case and last saw her/him alive on _____ Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Deceased 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) St. Louis, Missouri | |
| 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

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 by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 4425

P. O. Address Columbus

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.