

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035441

FILED VS SEP 26 1960

STATE FILE NUMBER

Registration District No. 127 Primary Registration District No. 3040 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>CALDWELL</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHILLICOTHE</u>		Length of stay in 1b <u>1 DAY</u>		c. CITY OR TOWN <u>BRECKENRIDGE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHILLICOTHE HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>CALDWELL COUNTY</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>W.</u> Last <u>HAAS</u>				4. DATE OF DEATH Month <u>SEPT</u> Day <u>21</u> Year <u>1960</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>CAUC</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/8/87</u>		9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>LIVINGSTON CNTY</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					
13a. FATHER'S NAME <u>THOMAS HAAS</u>				13b. MOTHER'S MAIDEN NAME <u>MARTHA CUNNINGHAM</u>				14. NAME OF HUSBAND OR WIFE <u>HELEN L. HAAS</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>494-40-8963</u>		17. INFORMANT <u>MARVIN HAAS</u>				Address <u>BRECKENRIDGE, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>										INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>			
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) <u>Lymphatic leukemia</u>										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.)									
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 <u>Sept 20, 1960</u> to <u>Sept 21</u> and last saw him alive on <u>Sept 21, 1960</u> Death occurred at <u>10:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>J. M. Dowell, M.D.</u> (Degree or title)						22b. ADDRESS <u>Chillicothe MO</u>		22c. DATE SIGNED <u>9-23-60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>SEPT. 23, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ROSEHILL CEMETERY</u>		23d. LOCATION (City, town, or county) <u>BRECKENRIDGE, MO.</u>		(State)					
24. FUNERAL DIRECTOR <u>MEAD-PITTS, BRECKENRIDGE, MO</u>				25. DATE RECD. BY LOCAL REG. <u>SEP. 23, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 24 1960

REC'D
FEB 23 1962

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 John W. Pette

Licensed Embalmer No. 5074

P. O. Address BRECKENRIDGE

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