

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-041270

FILED VS DEC 5 1960

53

Primary Registration District No. 3010

Registrar's No. 478

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY CAPE GIRARDEAU			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Length of stay in 1b 3 DAYS	c. CITY OR TOWN NEW WELLS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 miles North		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARTIN Middle A. Last HAETTLING			4. DATE OF DEATH Month 11 Day 28 Year 1960			
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 3/18/1870	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) New Well, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME HEYMAN HAETTLING		13b. MOTHER'S MAIDEN NAME Sophie KOENIG		14. NAME OF HUSBAND OR WIFE DECEASED		
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 Ed Haetling Jackson, Mo Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis					INTERVAL BETWEEN ONSET AND DEATH 7 years	
DUE TO (b) Arteriosclerosis General + cerebral					7 yrs	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture clavicle + 1st + 2nd rib					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 Month, Day, Year a.m. 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from April 23rd 1955 to Nov. 28, 1960 and last saw him alive on Nov 25th, 1960 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Theodore Fischer, M.D. (Degree or title)			22b. ADDRESS Altenburg Mo		22c. DATE SIGNED 11-30-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/30/60	23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran	23d. LOCATION (City, town, or county) New Wells Mo	(State)		
24. FUNERAL DIRECTOR McCombs Jackson, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 12-2-60	26. REGISTRAR'S SIGNATURE Gene Kasten			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1930 DEC 7

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 Bruce Perkins

Licensed Embalmer No. 5097
P. O. Address Jackson, Mo

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.