

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028183  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 4

AMENDED

**FILED JUL 18 1961**

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Charrotte Twp.</b>		Length of stay in 1b <b>36 Yrs.</b>	c. CITY OR TOWN <b>Charrotte Twp.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Treloar</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Treloar</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type of print) First <b>MARY</b> Middle <b>ELLEN</b> Last <b>HAEBERLE</b>			4. DATE OF DEATH Month <b>July</b> Day <b>9</b> Year <b>1961</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cau.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-10-1900</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Chamois, Missouri</b>	
13a. FATHER'S NAME <b>Wm. Dodds</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. L. Haeberle</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Wm. L. Haeberle-Treloar, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary artery Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b> <b>11 yrs</b>
DUE TO (b) <b>Hyper-tension</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 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 a.m. p.m.	Month, Day, Year		

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
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21. I attended the deceased from May 10, 1961 to July 9/61 and last saw her alive on July 9/61  
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE <i>H. C. Johnson</i> (degree or title)	22b. ADDRESS <b>Warrentonville mo</b>	22c. DATE SIGNED <b>7/9/61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-12-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Loutre Island Cemetery--McKittrick, RFD Missouri</b>	23d. LOCATION (City, town, or county) <b>Missouri</b>
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24. FUNERAL DIRECTOR <b>Herman Blumer Inc.-Hermann, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7/11/61</b>	26. REGISTRAR'S SIGNATURE <i>H. C. Johnson</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by ORVAL GRONER Student Embalmer No. 644

working under my personal supervision.

Student Orval Groner  
Signature of Student Embalmer

Signed August St. Blum

Licensed Embalmer No. 3160

P. O. Address Minneapolis, Minn.

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.