MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028575
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 346

FILED AUG 28 1961

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in 1b: 20 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY Alexander
c. CITY OR TOWN Cairo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Joseph — Middle Crawford — Last Haffly
4. DATE OF DEATH: Month August — Day 18 — Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 2 1888
9. AGE (last birthday): 73
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): Car Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Transpor.
11. BIRTHPLACE (City and state or country): Cairo, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Haffly
13b. MOTHER'S MAIDEN NAME: Sarah Hines
14. NAME OF HUSBAND OR WIFE: Althiea
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Clorinda Powell, daughter 27661 Wood St. Melvindale, Mich.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of bladder — 30 mnths
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1-16-61, to 8-18-61 and last saw him alive on 8-18-61
Death occurred at 7:40 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE L. R. Slaughter (Degree or title) M.D.
22b. ADDRESS 219 No. Pacific Cape Girardeau Mo.
22c. DATE SIGNED 8-21-61
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: Aug. 18, 61
23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Memorial Gardens
23d. LOCATION (City, town, or county) (State): Villa Ridge, Pulaski Illinois
24. FUNERAL DIRECTOR: Berbling - Karcher — ADDRESS: Cairo, Illinois
25. DATE RECD. BY LOCAL REG.: 8-25-61
26. REGISTRAR'S SIGNATURE: Irene Karsten

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

AUG 29 1961

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

Student_____
Signature of Student Embalmer

Signed Virgil H. Welch

Licensed Embalmer No. #102

P. O. Address Cape Girardeau, 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.