

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-029901**

STATE FILE NUMBER

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 82

**FILED AUG 23 1961**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFFERSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>IMPERIAL</b>		Length of stay in 1b <b>37 YRS</b>	c. CITY OR TOWN <b>IMPERIAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>INPERIAL MO</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRANCES E. HAEFNER</b>			4. DATE OF DEATH Month Day Year <b>AUG. 7 1961</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</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>NOV. 20 1895</b>	9. AGE (last birthday) <b>65</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>house work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>MAXVILLE MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U S O</b>
13a. FATHER'S NAME <b>WILLIAM H. BECKER</b>		13b. MOTHER'S MAIDEN NAME <b>FRANCES HERBELL</b>		14. NAME OF HUSBAND OR WIFE <b>CHRIST HAEFNER</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 Address <b>CHRIST HAEFNER IMPERIAL, MO</b>	
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>Generalized metastatic involvement of abdominal viscera lymph 4 mos. Primary, retrocell carcinoma of right inguinal lymph glands 1 yr.</b>					INTERVAL BETWEEN ONSET AND DEATH
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 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 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 <b>Jan. 1959</b> to <b>Aug. 7, 1961</b> and last saw her <b>live on Aug. 1 - 1961</b> Death occurred at <b>7:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <b>George A. O'Sullivan, M.D.</b>			22b. ADDRESS <b>7629 Ivory Ave.</b>		22c. DATE SIGNED <b>8-9-61</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>AUG. 10 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BURGESS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>ANTONIA MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>HELLIGTAG FUNERAL HOME IMPERIAL NO</b>			25. DATE RECD. BY LOCAL REG. <b>8-10-1961</b>		26. REGISTRAR'S SIGNATURE <b>Robert F. Bauer</b>

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 Elmer A. Haligtag

Licensed Embalmer No. 3571

P. O. Address Imperial 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.

*Handwritten notes:*  
101-01-8