

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-045931

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 310

AMENDED

FILED JAN 5 1962

DATE AMENDED

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Charles	Length of stay in 1b 1 day	c. CITY OR TOWN St. Charles	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2500 Chartom-Mar

3. NAME OF DECEASED (Type or print) First Harriett Middle V. Last Hafner	4. DATE OF DEATH Month December Day 25 Year 1961
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/20/1899	9. AGE (last birthday) 62	IF UNDER 1 YEAR Month 6 Days 5 Hours Min. 	IF UNDER 24 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reg. Nurse	10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (City and state or country) Browning, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Harry Van Beber	13b. MOTHER'S MAIDEN NAME Mary Eta Brown	14. NAME OF HUSBAND OR WIFE Alvin H. Hafner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Address Mr. Alvin Hafner, St. Charles, Mo.
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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) Coronary atherosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 9 months
DUE TO (b) _____		
DUE TO (c) Chronic granulocytic leukemia		5 years

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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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
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21. I attended the deceased from March 16, 1961 to Dec. 25, 1961 and last saw her ^{her} _{him} alive on Dec. 24, 1961 Death occurred at 4:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Eugene J. Coyle, M.D.	22b. ADDRESS St. Charles, Mo.	22c. DATE SIGNED Dec 26, 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 27, 1961	23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.
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24. FUNERAL DIRECTOR ADDRESS Arthur C. Baue, St. Charles, Mo.	25. DATE RECD. BY LOCAL REG. DEC. 26-61	26. REGISTRAR'S SIGNATURE Mareella Wilson
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INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 9 1962

FEB 27 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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David C. Bane

Licensed Embalmer No. 5060

P. O. Address St. Charles

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.