

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026471  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 315

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VS 300  
Rev. 4/59

6269  
20760

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4 1  
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12 2-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>COLE</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>JEFFERSON CITY, MISSOURI</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>OSAGE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARYS HOSPITAL</b>		Length of stay in 1b <b>1 hr</b>		c. CITY OR TOWN <b>LOOSE CREEK</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <b>ALICE</b>		Middle <b>HASLAG</b>		Last	
5. SEX <b>XXXIXE 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>9-4-23</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>LOOSE CREEK, MO.</b>		9. AGE (last birthday) <b>38</b>	
13a. FATHER'S NAME <b>MARTIN KLIETHERMES</b>		13b. MOTHER'S MAIDEN NAME <b>CHRISTENE VOGEL</b>		14. NAME OF HUSBAND OR WIFE <b>LEONARD F. HASLAG</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>23</b> Hours <b></b> Min. <b></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.		17. INFORMANT <b>ELMER KLIETHERMES, LOOSE CREEK, 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>Gunshot wound to head</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 <b>8:00</b>		Hour <b>8-10-62</b>		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.) <b>At Her Home</b>		20f. CITY, TOWN, OR LOCATION <b>LOOSE CREEK,</b>		COUNTY <b>OSAGE</b> STATE <b>MO.</b>	
21. I attended the deceased from <b>Aug. 10-9:35 A.M.</b> to _____ and last saw her <sup>her</sup> alive on <b>Aug. 10, 1962</b> Death occurred at <b>Aug. 10 - 10:15 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Jud O Leizer, M.D.</i>				22b. ADDRESS <b>213 Jackson Jefferson City Mo. 1</b>		22c. DATE SIGNED <b>8/11/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Aug 11, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Immaculate Conception</b>		23d. LOCATION (City, town, or county) (State) <b>Loose Creek, Mo.</b>	
24. FUNERAL DIRECTOR <i>Charles Horton</i>			ADDRESS <b>Box M, Linn, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11 August 1962</b>		26. REGISTRAR'S SIGNATURE <i>R. D. Davis</i>

AUG 29 1962

SEP 21 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 James M. Norton

Licensed Embalmer No. 4125

P. O. Address Summerville

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.