

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028002

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 36

FILED AUG 15 1962

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOOSE CREEK		Length of stay in lb 44 yrs	c. CITY OR TOWN LOOSE CREEK Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) LINN TWP Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LEONARD FRANK HASLAG			4. DATE OF DEATH Month Day Year AUGUST 10 1962
5. SEX Male	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 7-5-1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nistorian - Missouri State		10b. KIND OF BUSINESS OR INDUSTRY Park Board	9. AGE (last birthday) 44 IF UNDER 1 YEAR Months Days 1 5 IF UNDER 24 HR Hours Min. 5
11a. BIRTHPLACE (City and state or country) LOOSE CREEK, MO.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME HENRY HASLAG		13b. MOTHER'S MAIDEN NAME THERESIA STIEFFERMANN	
14. NAME OF HUSBAND OR WIFE ALICE KLIETHERMES		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW # 2	
17. INFORMANT ELMER KLIETHERMES, LOOSE CREEK, MO.			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GUN SHOT WOUNDS IN THE HEAD			INTERVAL BETWEEN ONSET AND DEATH INSTANT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self Inflicted Gun shot in head	
20c. TIME OF INJURY Hour a.m. - p.m. - 8:30 - - - 8-10-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At His Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION LOOSE CREEK, MISSOURI (OSAGE)	
21. I attended the deceased from _____, to _____, and last saw ^{him} her ^{dead} alive on 8-10-1962 Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i> Coroner		22b. ADDRESS Box M, Linn, Mo.	22c. DATE SIGNED 8-11-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 14th, 1962	23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	23d. LOCATION (City, town, or county) (State) Loose Creek, Mo
24. FUNERAL DIRECTOR <i>[Signature]</i> Linn, Mo.		25. DATE RECD. BY LOCAL REG. Aug 11-1962	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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20760
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9976X
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AUG 23 1962

SEP 21 1962

SEP 21 1962

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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 Hermon M. Mouton

Licensed Embalmer No. 4125

P. O. Address Levin 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.