

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005781

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 88

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 8 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>COLE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		Length of stay in 1b <u>5 HRS.</u>	c. CITY OR TOWN <u>JAMESTOWN</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHARLES E. STILL Hosp</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6 MI. S.W. - ROUTE #1</u>	
3. NAME OF DECEASED (Type or print) <u>THEODORE MILTON HAEFELE</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>3</u> Year <u>1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-13-1908</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNITED CHURCH OF CHRIST</u>		11. BIRTHPLACE (City and state or country) <u>LOUISVILLE, KENTUCKY</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>THEODORE AUGUST HAEFELE</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA ROEMER</u>	
14. NAME OF HUSBAND OR WIFE <u>THELMA H. ROBERTS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT <u>MRS. THELMA H. HAEFLE</u>		Address <u>JAMESTOWN, MO.</u>		Address <u>R#1</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia</u> <u>Pulmonary Edema</u> DUE TO (b) <u>Labor Pneumonia</u> DUE TO (c) <u>Labor Pneumonia</u> 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					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jamestown, Mo</u>		COUNTY _____		STATE _____	
21. I attended the deceased from <u>3-2-63</u> to <u>3-3-63</u> and last saw him alive on <u>3-3-63</u> Death occurred at <u>8:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS <u>Jamestown, Mo</u>		22c. DATE SIGNED <u>3-3-63</u> (State)
23a. BURIAL CREMATION REMOVAL (Specify)		23b. DATE <u>3-8-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Advent-Moniteau Evangelical Cemetery - Moniteau Co. Mo.</u>	
23d. LOCATION (City, town, or county) <u>Moniteau Co. Mo.</u>		24. FUNERAL DIRECTOR <u>Hugh E. Williams, California, Mo</u>		25. DATE REC'D BY LOCAL REG. <u>3 March 1963</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

USE BLACK INK OR TYPEWRITER RIBBON

MAR 13 1963

FIELD NO. 100

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, 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.