# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-035672
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 4182 Registrar's No. 211

FILED SEP 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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| 1 | 0360 |
| 2 | 0360 |
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| 12 | 90-8 |
| 13 | 5-0 |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: New Haven — Length of stay in 1b: 23 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN: New Haven — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Anton — Middle Bernard — Last Laune
4. DATE OF DEATH: Month Sept. Day 22 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-24-1901
9. AGE (last birthday): 61 — IF UNDER 1 YEAR: Months 9 Days 28 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Langenberg Hat Factory
10b. KIND OF BUSINESS OR INDUSTRY: Hat industry
11. BIRTHPLACE (City and state or country): New Haven Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Conrad Laune
13b. MOTHER'S MAIDEN NAME: Emma Hoerstkamp
14. NAME OF HUSBAND OR WIFE: Flora Laune
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of [redacted]
16. SOCIAL SECURITY NO.: [redacted]02
17. INFORMANT: Mrs. Anton Laune — Address: New Haven Mo.

18. CAUSE OF DEATH (Enter only one cause pe[redacted]
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Natural cause, complained about pain in chest, had difficulty in breathing
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 2 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leola C. Heidmann Local Registrar
22b. ADDRESS: Washington Mo.
22c. DATE SIGNED: 9-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-25-1963
23c. NAME OF CEMETERY OR CREMATORY: Assumption Catholic
23d. LOCATION (City, town, or county): New Haven (State) Mo.

24. FUNERAL DIRECTOR — ADDRESS: L. C. Fertig & Son New Haven Mo.
25. DATE RECD. BY LOCAL REG.: 9/22/63
26. REGISTRAR'S SIGNATURE: Leola C. Heidmann

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1963

OCT 17 1963

OCT 8 1963

OCT 8 1963

**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 no, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Earl C. Sutey

Licensed Embalmer No. 3385

P. O. Address New Haven 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.