

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 0001289

STATE FILE NUMBER

JA FILED 12 65

VS 300
Rev. 4/59

1 7:25

2 2:30

3

4 0

5 1

6

7 0

8 23

9 24/1x

10

11

12 2-13

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

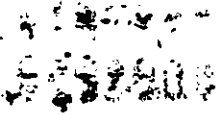
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY - <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in lb	c. CITY OR TOWN <u>Deepwater R.2</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Wetzel Hospital Clinton, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Deepwater R.2</u>
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>G.</u> Last <u>Haverland</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>8</u> Year <u>1965</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>1-16-1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (last birthday) <u>66</u>
13a. FATHER'S NAME <u>George H. Haverland</u>		13b. MOTHER'S MARDEN NAME <u>Unknown</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. <u>497-42-6287</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u>Chronic Asthma + Pulmonary Emphysema</u>		11. BIRTHPLACE (City and state or country) <u>St. Clair Co. Missouri</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Arteriosclerosis</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</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"/>	
20c. TIME OF INJURY Hour <u>8:30 p.</u> Month, Day, Year <u>11-20-61</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>11-20-61</u> to <u>1-8-65</u> and last saw her/him alive on <u>1-8-65</u> Death occurred at <u>8:30 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. P. Guepy</u> (Degree or title)		22b. ADDRESS <u>Clinton, Mo.</u>	
22c. DATE SIGNED <u>1/9/65</u>			
23b. DATE <u>Jan. 11, 1965</u>		23d. LOCATION (City, town, or county) (State) <u>Deepwater, Missouri</u>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Deepwater</u>	
24. FUNERAL DIRECTOR <u>Goodrich Funeral Home Deepwater, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 9, 1965</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigins</u>			

USE BLACK INK OR TYPEWRITER RIBBON

CMB

MAR 29 1966



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 Paul F. Stone

Licensed Embalmer No. 3990

P. O. Address Orlando, Fla

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.

Permit Obtained 1-9-65 (M.B.)