

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047295

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 9

STATE FILE NUMBER

FILED JAN 8 1964

VS 300
Rev. 4/59
10160
20160
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4 0
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12 90-2
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hubbard</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Tilset</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 mi. W. Gordonville</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Tilset Mo.</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>August Otto Haag</u> | | | 4. DATE OF DEATH Month Day Year <u>Dec. 30-1963</u> |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W.</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 5 1892</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 | 9. AGE (last birthday) <u>71</u> |
| 13a. FATHER'S NAME <u>John Haag</u> | | 13b. MOTHER'S MAIDEN NAME <u>Minnie Thoma</u> | 11. BIRTHPLACE (City and state or country) <u>Tilset Mo.</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>499-40-7008</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 17. INFORMANT <u>Lawrence Haag Gordonville</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ella Houck</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>Myocardial Insufficiency</u> DUE TO (b) <u>Cardio-vascular-renal Disease 442</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General asthenia and varied complications</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 Hour a.m. p.m. | 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 | COUNTY STATE |
| 21. I attended the deceased from <u>Mch. 9th, 1958</u> to <u>Dec. 30, 1963</u> and last saw him alive on <u>Dec. 30, 1963</u> Death occurred at <u>7:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Thaddeus Tindall M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Jackson, Missouri</u> | 22c. DATE SIGNED <u>1/1/64</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan. 1 1964</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Christ Lutheran Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Gordonville Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Denke-Laird Jackson Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-6-64</u> | 26. REGISTRAR'S SIGNATURE <u>James Kasten</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

FEB 25 1964

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 R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.