

11-10-39
5-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26179**

Registration District No. **773**

Primary Registration District No. **6018A**

Registrar's No. **133**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town NEAR Farmington River to Grand

(c) Name of hospital or institution: State Hospital No. 4

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 6 days

(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Valentine Haefner

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** White

6. (b) Name of husband or wife Mary LaPrevote **6. (c) Age of husband or wife if alive** ? years

7. Birth date of deceased Oct. 5 1871

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	9	11	hr. min.

9. Birthplace Washington County Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Tavern keeper

11. Industry or business _____

12. Name John V. Haefner

13. Birthplace Washington Co. Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Iola Aubuchon

15. Birthplace Washington Co. Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospt. #4

(b) Address Farmington, Mo.

17. (a) - Burial (b) Date thereof 7 18 40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cadet, Mo.

18. (a) Signature of funeral director H. S. Vineyard

(b) Address Festus, Mo.

19. (a) July 17-40 (b) B. S. Robinson

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Crystal City

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16

year 1940 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from 6-19 _____, 1940, to 7-16 _____, 1940

that I last saw him alive on 7-16 _____, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic atherosclerosis heart disease (terminal)

Due to auricular fibrillation and coronary thrombosis (unc)

Due to _____

marked hyperaeriosis with psychosis (2 hrs)

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Coronary A. Stenosis (pyloric)

Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? no

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature T. J. Graves (M. D. or other) _____

Address Farmington, Mo. Date signed _____

OGF 15 1981

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. W. [Signature]

Licensed Embalmer No. 3010

P. O. Address Festus [Signature]

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 this body is not embalmed, above space should be left blank.