No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36229

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5031 Registrar's No. 39

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

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Wellsville~~ (Rural) Chivre
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 mi West of Middletown

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain 4
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Wellsville Mo~~ Rural Chivre twsp 0
d. STREET ADDRESS (If rural, give location): 6 mi West of Middletown 0

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): W.
c. (Last): Haala

4. DATE OF DEATH (Month) (Day) (Year): Nov 4 1949

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH:
9. AGE (In years last birthday): Approx 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Not known 9
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Not known
13b. MOTHER'S MAIDEN NAME: Not known
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Eli Maskery — ADDRESS: Wellsville Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner's Case. War found dead in his home unattended by a physician

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) No evidence of violence or foul play of any kind. All indications was that death was due to natural causes. Probably a heart condition.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 11 Yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Audrain Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the* found dead *deceased from* Nov. 4, 1949, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* Not known *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. C. Adams M.D. Coroner
23b. ADDRESS: Mexico Mo.
23c. DATE SIGNED: 11 4 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6 1949
24c. NAME OF CEMETERY OR CREMATORY: Middletown Cemetery
24d. LOCATION (City, town, or county): Middletown (State): Mo.

DATE REC'D BY LOCAL REG.: Nov 8 1949
REGISTRAR'S SIGNATURE: Mallie Fuqua 6
25. FUNERAL DIRECTOR'S SIGNATURE: Pritchett-Butler — ADDRESS: Middletown Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 194

RECEIVED NOV 15 1949
District Health Officer No. 1
District File Number 11-49-192
Date Filed NOV 15 1949

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 .....
Student Embalmer

Signed E. Boone Schlanker

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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 this body is not embalmed, fact should be so stated above.