

STANDARD CERTIFICATE OF DEATH

State File No. **4351**

FILED **MAR 8 1954** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **57**

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

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Jefferson City, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 777 Clark Ave.				e. STREET ADDRESS (If rural, give location) 777 Clark Ave. 02670					
3. NAME OF DECEASED (Type or Print) a. (First) Andrew			b. (Middle)		c. (Last) Haaf		4. DATE OF DEATH (Month) (Day) (Year) March 1, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 17, 1874		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 7 IF UNDER 12 HRS. Days 17 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Work			10b. KIND OF BUSINESS OR INDUSTRY Tweedie Footwear		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.S.A.	
13a. FATHER'S NAME Bernard Haaf			13b. MOTHER'S MAIDEN NAME Margaret Pirner			14. NAME OF HUSBAND OR WIFE Rosae Rackers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosie Haaf			ADDRESS J. C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		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 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from March 1, 1954 , to March 1, 1954 , that I last saw the deceased alive on March 1, 1954 , and that death occurred at 4 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Y Kanagawa MD				23b. ADDRESS 1 Sullmeys Rd			23c. DATE SIGNED 3/3/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 3, 1954		24c. NAME OF CEMETERY OR CREMATORY Resurrection			24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
DATE REC'D BY LOCAL REG. Mar 3-1954		REGISTRAR'S SIGNATURE R.P. Harris MD			25. FUNERAL DIRECTOR'S SIGNATURE Sylvester D. Hall				ADDRESS J.C. Mo.

MAR 25 1954

MAR 24 1954

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.....
Sylvester D. Miller

Licensed Embalmer No. 4321

P. O. Address *Jeffersonville*

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.