THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1891

FILED FEB 11 1958 Registration District No. 181 Primary Registration District No. 5675 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Lincoln	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN [redacted] Township—MURRICANE Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Elsberry, Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RFD #1 Elsberry, Mo Length of stay in 1b 13 yr.	d. STREET ADDRESS (If outside, give location) RFD Elsberry, Mo. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: William Haas		4. DATE OF DEATH Month Day Year: Jan 31 1958	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Aug. 2, 1872
9. AGE (In years last birthday): 85	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): Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY: Own farm	11. BIRTHPLACE (City and state or country): St. Louis County, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Haas		14. MOTHER'S MAIDEN NAME: Sophia Schwenck	
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.: none	17. INFORMANT Address: Ben Haas - Overland, Missouri	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Jan 14-'58, to Jan 30-1958 and last saw ~~her~~ him alive on Jan 30-1958. Death occurred at 12:30 A.m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): R. M. Penn. M. D.	22b. ADDRESS: Silex, Mo.	22c. DATE SIGNED: Jan. 31-'58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2/3/58	23c. NAME OF CEMETERY OR CREMATORY: Elm Lawn Cemetery,
23d. LOCATION (City, town, or county) (State): Clayton & Ballas Roads.		
24. FUNERAL DIRECTOR ADDRESS: Schrader Funeral Home, Ballwin, Mo.	25. DATE RECD. BY LOCAL REG.: 2/10/58	26. REGISTRAR'S SIGNATURE: St. Louis Co., Mo. Mrs. Clarence Kientzy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4.0

P. O. Address Elsinore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.