

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017492

STATE FILE NUMBER

FILED JUN 10 1958

Registration District No. 50

Primary Registration District No. 5178

Registrar's No. 14

300
1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Camden			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lafayette		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jasper Jun. Ship		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Wellington Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunrise Beach			Length of stay in lb 1 Day		d. STREET ADDRESS (If outside, give location) Wellington Mo
3. NAME OF DECEASED (Type or print) First Arnold Middle F Last Haase			4. DATE OF DEATH Month June Day 1 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 30, 1928	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months 4 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Napoleon Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fred Hasse		13b. MOTHER'S MAIDEN NAME Hulda Hackman		14. NAME OF HUSBAND OR WIFE Jeanie Hasse	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Jeanie Hasse Wellington Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DROWNING.					INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					9298 42
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) WATER SKIING, NO LIFE BELT. COULDN'T SWIM			
20c. TIME OF INJURY Hour 11:20 a.m. Month 6 Day 7 Year 58					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LAKE OF THE OZARKS		20f. CITY, TOWN, OR LOCATION 015 COUNTY CAMDEN STATE MO	
21. I attended the deceased from JUNE 8 to 11:20 A.M. and last saw her/him alive on 11:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J.P. Stoller Sheriff, C. E. 3			22b. ADDRESS Camdenton Mo.		22c. DATE SIGNED 6-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE June 10, 58	23c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery		23d. LOCATION (City, town, or county) (State) Napoleon Mo
24. FUNERAL DIRECTOR Reed Funeral Home, Camdenton Mo		25. DATE RECD. BY LOCAL REG. June 8-1958		26. REGISTRAR'S SIGNATURE Zilpha J. Traw.	

(Licensed Embalmers' Statement on Reverse Side)

JUN 8 1958

JUL 2 1958

APR 5 1958

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 Robert H Reed

Licensed Embalmer No. 3745 P. O. Address Camden N.J.

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.