

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022972  
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Charles</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>506 S. Main St.</b>		d. STREET ADDRESS <b>506 S. Main St.</b>	

3. NAME OF DECEASED (Type or print) <b>Hubert J. Haferkamp</b>	4. DATE OF DEATH Month <b>June</b> Day <b>10</b> Year <b>1958</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 23, 1875</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b>1</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>	11. BIRTHPLACE (City and state or country) <b>Augusta, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13. FATHER'S NAME <b>Herman Haferkamp</b>	14. MOTHER'S MAIDEN NAME <b>Florentine Engelage</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>487-38-1938</b>	17. INFORMANT Address <b>Archie Haferkamp St. Charles, Mo.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>metastatic Carcinomatosis</b>	<b>6 mts</b>
	DUE TO (c) <b>Adeno-carcinoma - sigmoid colon</b>	<b>1 yr</b>
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"/> 2

20a. ACCIDENT <input 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.) <b>1533</b>
20c. TIME OF INJURY Hour <b>11</b> Month <b>10</b> Day <b>10</b> Year <b>1958</b> a. m. <b>10</b> p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <b>St. Charles</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>	

21. I attended the deceased from **Jan 1958** to **June 10, 1958** and last saw <sup>her</sup> <sub>him</sub> alive on **June 10, 1958**  
Death occurred at **11 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In free or title) <b>F. L. Harrington D.O. 2</b>	22b. ADDRESS <b>St. Charles Mo</b>	22c. DATE SIGNED <b>June 11, 1958</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 13, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cem</b>	23d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>
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24. FUNERAL DIRECTOR <b>Walter C. Bane St. Charles Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>June 11-58</b>	26. REGISTRAR'S SIGNATURE <b>Narcella Wilson</b>
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service  
 300 1-56  
 All  
 No symptoms will be listed. All  
 Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 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. Coroner cannot certify to a death due to natural causes.

JUN 20 1958

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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.....  
*Arthur C. Bane*

Licensed Embalmer No. *315*

P. O. Address *St. Charles*

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.