

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS DEC 21 1959 / 7 9

STATE FILE NUMBER

Registration District No. 79 Primary Registration District No. 5668 Registrar's No. 124

ENDED

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 Clark		Length of stay in 1b 4 MO.	c. CITY OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wells Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 mi. S.W. of Troy MO.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle JACOB Last HASSELFELD			4. DATE OF DEATH Month DEC. Day 11 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-28-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months 4 Days 13 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Hawkoint MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Hasselfeld		13b. MOTHER'S MAIDEN NAME Martha Mosley		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Allie Hasselfeld		Address Troy 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) Acute Circulatory Failure DUE TO (b) Heart failure DUE TO (c) Auricular fibrillation, Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year				
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	COUNTY	STATE	
21. I attended the deceased from October, 1959 to December 11, 59 and last saw him alive on November 16, 1959 Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Irish E. Spear DO			22b. ADDRESS Moscow Mills Missouri		22c. DATE SIGNED 12-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Troy City Cemetery	23d. LOCATION (City, town, or county) Troy MO.		(State)
24. FUNERAL DIRECTOR D.W. McRoy Troy Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-14-59	26. REGISTRAR'S SIGNATURE Charlotte Leek	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed D. W. Mc Coy

Licensed Embalmer No. 3586

P. O. Address Froy M

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.