

CERTIFICATE OF DEATH

Registration District No. 159 Primary Registration District No. 5596 Registrar's No. 59

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST 1 <u>Etta Katherine Haverstiek</u>			SEX 7. <u>F</u>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>May 28, 1968</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <u>White</u>		AGE—LAST BIRTHDAY (YEARS) NOS. DAYS 5b. <u>82</u>	UNDER 1 DAY UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <u>Oct. 11, 1885</u>	COUNTY OF DEATH 7a. <u>Jefferson</u>
CITY, TOWN, OR LOCATION OF DEATH 7b. <u>Valle Mines</u>		INSIDE CITY LIMITS SPECIFY YES OR NO 7c. <u>No</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <u>Star Route</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <u>Missouri</u>		CITIZEN OF WHAT COUNTRY 9. <u>U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <u>Widowed</u>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <u>None</u>
SOCIAL SECURITY NUMBER 12. <u>Yes 498-14-5197</u>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF RETIRED) 13a. <u>Housewife</u>		KIND OF BUSINESS OR INDUSTRY 13b. <u>None</u>	
RESIDENCE—STATE 14a. <u>Mo.</u>		COUNTY 14b. <u>Jefferson</u>	CITY, TOWN, OR LOCATION 14c. <u>Valle Mines</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <u>No</u>
FATHER—NAME FIRST MIDDLE LAST 15. <u>David Turner Horn</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. <u>Augustine ? Bequette</u>			
INFORMANT—NAME 17a. <u>David Haverstiek</u>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP) 17b. <u>Valle Mines, Missouri</u>		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 18. <u>Arteriosclerotic Heart Disease</u> BUT TO, OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (a) _____ (b) _____ (c) _____					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH _____
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a.		MONTH DAY YEAR TO MONTH DAY YEAR 21b.	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c.	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED 22a.					
CERTIFIER—NAME (TYPE OF PRINT) 23a. <u>James C. Rehm</u>		SIGNATURE 23b. <u>James C. Rehm</u>		DEGREE OR TITLE 23c. <u>Dr. Crown</u>	DATE SIGNED (MONTH, DAY, YEAR) 23d. <u>5/29/68</u>
MAILING ADDRESS—CERTIFIER 23e. <u>James C. Rehm - Maudslays Bldg Eastus Mo 63028</u>					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>		CEMETERY OR CREMATORY—NAME 24b. <u>Mount Olive</u>		LOCATION CITY OF TOWN STATE 24c. <u>Near Valle Mines, Mo.</u>	
DATE (MONTH, DAY, YEAR) 24d. <u>May 31, 1968</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. <u>Mothershead, Main & Stewart Sts, DeSoto, Mo. 63020</u>			
FUNERAL DIRECTOR—SIGNATURE 25b. <u>Andrew H. England</u>		REGISTRAR—SIGNATURE 26a. <u>Carl Schernd</u>		DATE RECEIVED BY LOCAL REGISTRAR 26b. <u>5/31/68</u>	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIA

9. 1
10a. 82
10b. 90
11. 0
12. 2
13. 4123
14. 60500
15. 9
16. 3
17. 3
18. 3
19. CREDITS
20.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JUN 13 1968

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 J. Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address De Soto, Mo.

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.