

V. S. No. 2  
00M-8-43  
Rev. 5-17-39  
X37823

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26473

State File No.

FILED SEP 6 1946

Registration District No.

Primary Registration District No. 3008

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 12  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution on admission  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Calloway<sup>14</sup>

(c) City or town Fulton  
(If outside city or town limits, write "RURAL")

(d) Street No. State Hospital No 1<sup>2</sup>  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Nancy Hinterowd

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1946 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Aug 14 to Aug 14 that I last saw her alive on Aug 14 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

6. (a) Name of husband or wife J. B. Hinterowd 6. (a) Single, widowed, married, divorced marriage

7. Birth date of deceased July 3 1876  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

70 1 11 hr. min.

9. Birthplace Rolla Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Hospital Attendant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jake Krigbaum

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ellen Krigbaum

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Hutton  
(b) Address Perry, Mo.

17. (a) Buried (b) Date thereof 8-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stapsville, Mo.

18. (a) Signature of funeral director: Hallace Funeral Home  
(b) Address 7th & 6th St. Fulton, Mo.

19. (a) 8-14-1946 (b) Jane Morankoff  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy 9/4/46

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature J. P. Rice M.D. (Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

Address Fulton, Mo. Date signed 8/14/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

25319

RECEIVED  
District Health Officer No. 9  
District Site Number 9-46-98  
Date Filed 9-4-46

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Daniel C. Browning  
Licensed Embalmer No. 2724  
P. O. Address Fuller Ave

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 this body is not embalmed, fact should be so stated above.