

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23035

BIRTH NO.		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 4190		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bland		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bland		37	
d. FULL NAME OF HOSPITAL OR INSTITUTION: no Hosp! Res. Bland, Mo				d. STREET ADDRESS (If rural, give location) 00			
3. NAME OF DECEASED (Type or Print) Mollie		a. (First)		b. (Middle) M		c. (Last) AufderHeide	
4. DATE OF DEATH (Month) (Day) (Year) July 10 49		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 16-1865		9. AGE (In years last birthday) 84		10. UNDER 1 YEAR Months Days Hours Min.		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Koenig		13b. MOTHER'S MAIDEN NAME Gesche Boetcher		14. NAME OF HUSBAND (If deceased) Edward AufderHeide			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nora Goers Bland, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Interstitial nephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH 594X	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ✓			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ✓			
22. I hereby certify that I attended the deceased from 1-1 1945 to 7-10 1949 , that I last saw the deceased alive on 7-10 1949 , and that death occurred at 8:30p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. A. Bunge M.D.				23b. ADDRESS Bland, Mo		23c. DATE SIGNED 7-13-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 13/49		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Bland, Missouri	
DATE REC'D BY LOCAL REG. July 14, 1949		REGISTRAR'S SIGNATURE Dorothy Hackman		25. FUNERAL DIRECTOR'S SIGNATURE 363		ADDRESS Sassmann's Funeral Service-Bland	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 25 1949
District Health Officer No. 9,
District File Number

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.

Signed Chester Sasseman

Signed _____
Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Blair

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.