

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33666**

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 249			
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton (Town)		c. LENGTH OF STAY (in this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 306 W. Ohio St.				d. STREET ADDRESS (If rural, give location) 306 W. Ohio St.					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HARRY c. (Last) HONBENDIGLER			4. DATE OF DEATH (Month) (Day) (Year) Nov 9, 1949						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 26, 1873	9. AGE (in years last birthday) 76		IF UNDER 1 YEAR: Months 3 Days 13 IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Henry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Haugendouglers		13b. MOTHER'S MAIDEN NAME Rachel Faberstadt		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ted Nicola, Clinton, 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				18. INTERVAL BETWEEN ONSET AND DEATH, 30 min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) angina pectoris				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Disease of coronary arteries					
				DUE TO (c) arterial					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				4202	
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) 11-9-1949 9:05		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 9/5, 1948 to 11/9, 1949 , that I last saw the deceased alive on 11/9, 1949 , and that death occurred at 2 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. Powell				23b. ADDRESS Clinton, Mo.				23c. DATE SIGNED 11/10/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 11, 49		24c. NAME OF CEMETERY OR CREMATORY Bear Creek Cemetery, Montrose, Mo.		24d. LOCATION (City, town, or county) (State) Montrose, Mo.			
DATE REC'D BY LOCAL REG. Nov-11-49		REGISTRAR'S SIGNATURE Florence Adair		FEDERAL DIRECTOR'S SIGNATURE ADDRESS St. Louis, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 10-49-1234
Date Filed 11-14-49

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, ~~and~~

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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