

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 759 Registrar's No. 2

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5436

1370

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

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 Rural-Boulware Twp		c. LENGTH OF STAY (in this place) 65 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boulware Twp		d. STREET ADDRESS (If rural, give location) 4mi. S. W. of Swiss	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. S. W. of Swiss		d. STREET ADDRESS (If rural, give location) 4mi. S. W. of Swiss	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CHRISTOPHER c. (Last) SUNDERWIRTH			4. DATE OF DEATH (Month) (Day) (Year) Jan 24 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27-1884	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Swiss, Missouri		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Frank Sunderwirth	13b. MOTHER'S MAIDEN NAME Lydia Kemper	14. NAME OF HUSBAND OR WIFE Louise Sunderwirth
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hy Niebruegge, Bay, Missouri	ADDRESS Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable myocardial infarction		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		12501	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-16, 1947, to 1-23, 1950, that I last saw the deceased alive on 1-23, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cavell T. Shaw MD	23b. ADDRESS Hermann, Mo.	23c. DATE SIGNED 1-24-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-27-50	24c. NAME OF CEMETERY OR CREMATORY Bay St. Paul's Cem.	24d. LOCATION (City, town, or county) (State) Bay Mo
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DATE REC'D BY LOCAL REG. 1-25-50	REGISTRAR'S SIGNATURE (Signature)	25. FUNERAL DIRECTOR'S SIGNATURE (Signature)	ADDRESS Hermann, Mo
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District File Number \_\_\_\_\_  
RECEIVED  
District Health Officer No. 9,  
1950  
*[Signature]*

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Hugot A. Deumer*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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 this body is not embalmed, fact should be so stated above.