No. 300
10.48

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11939

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hartsburg - Rural
c. LENGTH OF STAY (in this place): Cedar
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hartsburg - Rural
d. STREET ADDRESS (If rural, give location): Route Cedar 010

3. NAME OF DECEASED (Type or Print)
a. (First): Dena
b. (Middle): Hothage
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): April 8 - 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: July 13 1878
9. AGE (In years last birthday): 71 — If under 1 year: Months 8, Days 25; If under 24 hrs.: Hours, Min.

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): McKitrick Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ernst Wieneke
13b. MOTHER'S MAIDEN NAME: Caroline Pahmeier
14. NAME OF HUSBAND OR WIFE: Otto Hothage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Otto Hothage — ADDRESS: Hartsburg

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1947, *to* _____, 1950, *that I last saw the deceased alive on* 4/4, 1950, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. R. Meagee, M.D. (Degree or title)
23b. ADDRESS: Hartsburg Mo
23c. DATE SIGNED: 4-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 10 1950
24c. NAME OF CEMETERY OR CREMATORY: Hartsburg Cem
24d. LOCATION (City, town, or county) (State): Hartsburg Mo

DATE REC'D BY LOCAL REG.: Apr. 10-1950
REGISTRAR'S SIGNATURE: Mrs. Mildred Burnett
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: P. O. Wieland

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1950
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~~ .....

working under my personal supervision.

Student Embalmer No. .....

Signed Lyman H. Sprinkle

Signed .....
Student Embalmer

Licensed Embalmer No. 4013

P. O. Address Columbia, M

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.