

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29866

State File No. ....

FILED OCT 2 1951  
9-12-51

BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4153 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood Mo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Memorial Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Caroline</u> b. (Middle) <u>Wilhelmina</u> c. (Last) <u>Mohwinkel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-14-1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>March 16-1876</u>	9. AGE (In years last birthday) <u>75-3-28</u>	IF UNDER 1 YEAR Months <u>00</u>	IF UNDER 6 HRS. Hours <u>00</u>	IF UNDER 15 MIN. Mins. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Minden, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
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13a. FATHER'S NAME <u>Henry Lilinekamp</u>		13b. MOTHER'S MAIDEN NAME <u>Mina Holstenberg</u>		14. NAME OF HUSBAND OR WIFE			
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.D. Boehne</u>				ADDRESS <u>Lockwood, Mo</u>	
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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, asthma, 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) <u>Myocardial Infarction</u>							
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

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.) <u>411X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 9-12-1951, to 9-14-1951, that I last saw the deceased alive on 9-14-1951, and that death occurred at 11:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.D. Combs</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Lockwood Mo</u>		23c. DATE SIGNED <u>9-15-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IMMANUEL LUTHERAN</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>9-16-51</u>		REGISTRAR'S SIGNATURE <u>Geo. J. Meier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Hunschelder</u>		ADDRESS <u>Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED SEP 24 1951

Dist. File \_\_\_\_\_

Date Filed \_\_\_\_\_

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 ME

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

W. L. Hauschildt

Licensed Embalmer No. 3734

P. O. Address Litchwood 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.