

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12548

State File No. ....

FILED APR 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No. ....

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Franklin</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Washington Rural</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Washington Rural #2 0360</b>                              |  |
| c. LENGTH OF STAY (in this place) <b>73 yrs</b>   |  | d. STREET ADDRESS (If rural, give location) <b>Rural Route #2</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |  |

|                                     |                           |                           |                            |   |
|-------------------------------------|---------------------------|---------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>FRANCES</b> | b. (Middle) <b>AMELIA</b> | c. (Last) <b>SOETEBIER</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>April 10, 1952</b> |
|-------------------------------------|---------------------------|---------------------------|----------------------------|---|

|                      |                               |   |                                      |   |   |  |
|----------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Feb 17, 1879</b> | 9. AGE (In years last birthday) <b>73</b> | IF UNDER 1 YEAR<br>Months <b>1</b> Days <b>23</b> | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
|----------------------|-------------------------------|---|--------------------------------------|---|---|--|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b> | 11. BIRTHPLACE (State or foreign country) <b>Krakow, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|---|---|---|

|                                       |  |   |
|---------------------------------------|--|---|
| 13a. FATHER'S NAME <b>Louis Heman</b> | 13b. MOTHER'S MAIDEN NAME <b>Maria Wolke</b> | 14. NAME OF HUSBAND OR WIFE <b>Herman Soetebier dec'd</b> |
|---------------------------------------|--|---|

|  |                                     |  |                           |
|--|-------------------------------------|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ernst Maune</b> | ADDRESS <b>Washington</b> |
|--|-------------------------------------|--|---------------------------|

|   |   |               |  |
|---|---|---------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 <b>2 yrs.</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>   |               |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |               |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus.</b>   |   | <b>10 yrs</b> |  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>4222</b> | 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) m. | 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 4-9-1952, to April 10, 1952, that I last saw the deceased alive on 4-9-1952, and that death occurred at 6 A.M., from the causes and on the date stated above.

|  |                               |                                 |
|--|-------------------------------|---------------------------------|
| 23a. SIGNATURE <b>H.M. Lenny</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>Union Mo.</b> | 23c. DATE SIGNED <b>4-11-52</b> |
|--|-------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>4-12-52</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Mantels Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Union, Missouri</b> |
|---|--------------------------|--|--|

|   |   |   |                          |
|---|---|---|--------------------------|
| DATE REC'D BY LOCAL REG. <b>April 11-1952</b> | REGISTRAR'S SIGNATURE <b>F T Cooper</b> <b>98-0</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Union Funeral Home, Union</b> | ADDRESS <b>Union Mo.</b> |
|---|---|---|--------------------------|

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

360  
1

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 Harlan H. Johannaker

Signed.....  
Student Embalmer

Licensed Embalmer No. 4488

P. O. Address Union, 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.