

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37445

State File No.

FILED NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 10237 Registrar's No. 8

1090

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hickory-grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hickory-Grove <u>1090</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Herman c. (Last) Driemeyer			4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH March 22 1875
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done in employment or write "Retired") Dairy Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Warren Co Mo. <u>0</u>
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Henry Driemeyer	
13b. MOTHER'S MAIDEN NAME Johanna Wessel		14. NAME OF HUSBAND OR WIFE Alice Driemeyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs Gladys Hetlage Wright		ADDRESS City 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach ANTECEDENT CAUSES DUE TO (b) Benign and additional metastases DUE TO (c) Bacterial enteritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enterocolitis Heart	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 154X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct 16, 1952 , to Oct 18, 1952 , that I last saw the deceased alive on Oct 17, 1952 , and that death occurred at 3:30a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Warren Mo	
23c. DATE SIGNED Oct 30 1952		24a. BURIAL CREMATION (Specify) BURIAL	
24b. DATE Oct 20 1952		24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	
24d. LOCATION (City, town, or county) (State) Wright City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co	
DATE REC'D BY LOCAL REG. Nov. 1-1952		REGISTRAR'S SIGNATURE Mrs. F. W. Hughes <u>335-0</u>	
25. ADDRESS Wright City Mo		25. ADDRESS Wright City Mo	

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, *of* By.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Julius J. Nieburg*
Licensed Embalmer No. *3366*

P. O. Address *Wright City 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.