No. 300
10.48

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35569

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5436 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Boulware Twp.
c. LENGTH OF STAY (In this place): 65 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Owensville, Mo. Rt. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Boulware Twp.
d. STREET ADDRESS (If rural, give location): Owensville, Mo. Rt. 2

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3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Anna
c. (Last): Rehmert

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2 1953

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Aug. 20, 1874
9. AGE (In years last birthday): 79 — 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): housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Bern, Switzerland 5
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Rudolph Kueffer
13b. MOTHER'S MAIDEN NAME: Marie Schneider
14. NAME OF HUSBAND OR WIFE: Henry W. Rehmert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ***
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Henry W. Rehmert Owensville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis, Generalized — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Duodenal Ulcer — 4 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
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* 8-25, 1951, *to* 10-2, 1953, *that I last saw the deceased alive on* 10-1, 1953, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul A. Brenner M.D.
23b. ADDRESS: Owensville, Mo.
23c. DATE SIGNED: 10-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-4-1953
24c. NAME OF CEMETERY OR CREMATORY: Zion E & R Cemetery
24d. LOCATION (City, town, or county) (State): Bay, Mo.

DATE REC'D BY LOCAL REG.: 10-3-53
REGISTRAR'S SIGNATURE: 442 - Delma Gerkens
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Milford H. Winter OWENSVILLE

(Licensed Embalmer's Statement on Reverse Side)

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

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 Milford N. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.