No. 300
10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5537

FILED MAR 15 1954

BIRTH NO. ____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 7

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1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL HAWCREEK TWP
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 MILES NORTH STOVER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: MORGAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL HAWCREEK TWP
d. STREET ADDRESS (If rural, give location): 6 MILES NORTH STOVER

3. NAME OF DECEASED (Type or Print)
a. (First): CAROLINE
b. (Middle): WILHEMINI
c. (Last): MUNSTERMAN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 2 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 8 1880
9. AGE (In years last birthday): 74 — If under 1 year: Months ____ Days 24 — If under 1 day: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and State or Foreign Country): MORGAN County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: LOUIS NOLTE
13b. MOTHER'S MAIDEN NAME: WILHEMINI WEHRMAN
14. NAME OF HUSBAND OR WIFE: ERNEST MUNSTERMAN
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: HUGO MUNSTERMAN — ADDRESS: STOVER 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): CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 4 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CORONARY SCLEROSIS — 15 yrs.
DUE TO (c): Generalized Arteriosclerosis indefs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pernicious Anemia — 20 yrs

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* July, 1950, *to* March, 1954, *that I last saw the deceased alive on* Mar 4, 1954, *and that death occurred at* 4:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ruth Kaufman, M.D. (Degree or title)
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: Mar. 4, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 4 1954
24c. NAME OF CEMETERY OR CREMATORY: LYRMONT CEMETERY
24d. LOCATION (City, town, or county) (State): MORGAN County Mo.

DATE REC'D BY LOCAL REGISTRAR: Mar. 9th 1954
REGISTRAR'S SIGNATURE: Wm. L. Rippeger
FUNERAL DIRECTOR'S SIGNATURE: J. R. Stevinson
ADDRESS: Stover Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1954

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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover Mo

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

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