

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23663

State File No.

No. 300
10.48

FILED JUL 19 1954

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 9319 Registrar's No. 575

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Belle</u>		c. CITY OR TOWN <u>Belle</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>At Home</u>		e. STREET ADDRESS (If rural, give location) <u>0630</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fred</u>	b. (Middle) <u>George</u>	c. (Last) <u>Woemmel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 11, 1875</u>	9. AGE (In years last birthday) <u>78</u>	10 UNDER 1 YEAR <u>11</u> Days	11 UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Gasconade County Missouri- U S A</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Fred Woemmel</u>	13b. MOTHER'S MAIDEN NAME <u>Henreitta Klemme</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Woemmel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred G. Woemmel</u> ADDRESS <u>Belle, 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 <u>5 yrs.</u> <u>3 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Degeneration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Chronic Nephritis</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
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 <u>592 X</u>	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.)	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 6/1/54, to 7/12, 1954, that I last saw the deceased alive on 7/12/54, and that death occurred at 7:36 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. H. Schaubert M.D.</u>	23b. ADDRESS <u>Belle, Mo</u>	23c. DATE SIGNED <u>7/14/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Owensville</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-16-54</u>	REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jim</u> ADDRESS <u>Mo</u>
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WRITE PLAINLY—USING UNFAADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *William G. Jackson*

Licensed Embalmer No. *4661*

P. O. Address *Belle, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.