

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23295

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>	c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>Bland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>Bland, Mo. Rt. 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Hunke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1956</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 3, 1882</u>	9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 18 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper Hill, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Henry Schneider</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Hunke</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> **		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Hunke Owensville, Mo.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
	DUE TO (c) DUE TO (c) <u>Chronic Cholelithiasis, Cholecystitis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cholelithiasis, Cholecystitis</u>		unknown	

19a. DATE OF OPERATION <u>7-31-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cholelithiasis and Chronic Cholecystitis + 200</u>		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)	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 Jan., 1950, to 7-31, 1956, that I last saw the deceased alive on 7-31, 1956, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul A. Brauer, M.D.</u>		23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>8-1-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-3-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery -</u>	24d. LOCATION (City, town, or county) (State) <u>Woollam, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8/2/56</u>	REGISTRAR'S SIGNATURE <u>F. P. Steidman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. White Owensville</u>	
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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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Willard H. Winter*.....

Licensed Embalmer No. *38*.....

P. O. Address *OWENSVILLE*.....

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.