

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24336

State File No. _____

No. 300
10.48

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write R.U.R. and give township) <u>TRON-Run</u>		c. CITY OR TOWN <u>WENTZVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 days</u>		f. STREET ADDRESS (If rural, give location) <u>0-921</u>	
g. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINCOLN CO. MEMORIAL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNIE</u>	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>PANHORST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 28 - 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>JUNE 22, 1972</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>6</u> Min.
-------------------------	----------------------------------	--------------------------------------------------------------------------	------------------------------------------	----------------------------------------------	--------------------------------------------------	-----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME DUTIES</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Melle Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>
-----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------------------------------	------------------------------------------------------

13a. FATHER'S NAME <u>Frank Goremann</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Brauksiek</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Panhorst - deceased</u>
---------------------------------------------	--------------------------------------------------------	---------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Panhorst Wentzville Mo</u>	ADDRESS <u>Wentzville 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYO CARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
	ANTECEDENT CAUSES DUE TO (b) <u>CORONARY THROMBOSIS</u>		
	DUE TO (c) <u>ARTERIO SCLEROTIC HEART DISEASE</u>		
11. 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	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) <u>4200</u>
------------------------------------------	------------------------------------------------------------------------------------------	----------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1</u>
--------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------------

22. I hereby certify that I attended the deceased from July 26, 1956, to July 28, 1956, that I last saw the deceased alive on July 27, 1956, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Warren B. Hamilton, D.D.</u>	23b. ADDRESS <u>WENTZVILLE, MISSOURI</u>	23c. DATE SIGNED <u>7/28/56</u>
---------------------------------------------------------------------	---------------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-31-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo</u>
------------------------------------------------------------	-----------------------------	------------------------------------------------------------	-----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>8-4-1956</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carlton A. Pitman</u>	ADDRESS <u>Wentzville</u>
---------------------------------------------	------------------------------------------------	--------------------------------------------------------------	------------------------------

(I request Emballer's Statement on Reverse Side)

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

620

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 *Garth J. Pitman*.....

Licensed Embalmer No. *4974*

P. O. Address *Winterville*

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.