

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41076

FILED DEC 17 1956

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY MONTGOMERY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		c. CITY OR TOWN McKITTRICK	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 722 W. 7th ST		d. STREET ADDRESS (If outside, give location) 44RS	
3. NAME OF DECEASED (Type or print) ROSA		4. DATE OF DEATH DEC 11-1956	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MARCH 10-1864	
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
100. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (City and state or country) HERMANN Mo	
12. CITIZEN OF WHAT COUNTRY? US.		13. FATHER'S NAME ERNEST C. BAER	
14. MOTHER'S MAIDEN NAME CATHERINA WHETSTEIN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS PAUL MEYER WASHINGTON Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. myocarditis			INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) general arterio sclerosis			20 yrs
DUE TO (c) H22.1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12-1-1950 to Dec 11-1956 and last saw her/him alive on Dec 11 1956 Death occurred at 9 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 2nd & Elm, Washington, Mo	
22c. DATE SIGNED 12-13-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/14/56	
23c. NAME OF CEMETERY OR CREMATORY FOUR ISLAND CEMETERY		23d. LOCATION (City, town, or county) (State) McKITTRICK Mo	
24. FUNERAL DIRECTOR ADDRESS HUGO H. BLUMER HERMANN Mo		25. DATE RECD. BY LOCAL REG. 12/13/56	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-1-56
All symptoms will be listed. No symptoms related to a death, due to natural causes. Coroner cannot certify to a death, due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms related to a death, due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death, due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....

Hugo H. [Signature]

Licensed Embalmer No. 310

P. O. Address *Herrmann*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.