

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16668**

FILED JUN 10 1957

BIRTH NO. _____		REG. DIST. NO. <u>116</u>	PRIMARY REG. DIST. NO. <u>3020</u>	Registrar's No. <u>145</u>
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>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton Mo</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR, Augusta Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			d. STREET ADDRESS <u>0920</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u> b. (Middle) <u>G</u> c. (Last) <u>NAHM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 23 - 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 15 - 1869</u>	9. AGE (In years last birthday) <u>87</u>
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>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Warrenton Mo</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>James Heffern</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Morsey</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helena Knueschild</u> ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> <u>70 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fract of left hip</u> <u>9 weeks</u>		
19a. DATE OF OPERATION <u>3-12-57</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Augusta Mo</u> <u>St Charles Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 2 57 30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell to floor while walking.</u>
22. I hereby certify that I attended the deceased from <u>3-2</u> , 1957, to <u>5-23</u> , 1957, that I last saw the deceased alive on <u>5-23</u> , 1957, and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>H Schmidt M.D.</u>			23b. ADDRESS <u>Marshall Mo</u>	
23c. DATE SIGNED <u>5-24-57</u>				
24a. BURIAL, CREMATION REMOVAL (Specify) <u>none</u>		24b. DATE <u>5-26-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Augusta Mo</u>				
DATE REC'D BY LOCAL REG. <u>6/1/57</u>		REGISTRAR'S SIGNATURE <u>J.P. Sudmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Die Shepping</u> ADDRESS <u>Augusta Mo</u>

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

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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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentville, 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 this body is not embalmed, fact should be so stated above.