

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31259**

FILED SEP 16 1957

BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **5312** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Clark's Fork Twp		c. LENGTH OF STAY (In this place) life	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD Bunceton, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) RFD Bunceton, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) HENRY c. (Last) FAHRENBRINK			4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 9, 1876	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Fahrenbrink	13b. MOTHER'S MAIDEN NAME Magdalena Schnack	14. NAME OF HUSBAND OR WIFE Magdalena Loesing
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs H. H. Fahrenbrink ADDRESS RFD Bunceton
--	-------------------------------------	--

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		± 5 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. hypertension - arteriosclerotic Heart Disease DUE TO (b) ± 10 years		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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) m.	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 **7-26-48**, 19___, to **9-3-57**, 19___, that I last saw the deceased alive on **8-28-57**, 19___, and that death occurred at **12:47** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) (P) B. M. Stewart, M.D.	23b. ADDRESS 329 Main, Bonville Mo.	23c. DATE SIGNED 9-4-57.
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept. 5/57	24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem.	24d. LOCATION (City, town, or county) (State) RFD-Bunceton, Missouri
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. Sept 5-1957	REGISTRAR'S SIGNATURE Virginia T. Higgins	25. FUNERAL DIRECTOR'S SIGNATURE B. W. Hacker ADDRESS Bonville, Mo.
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

0270

420

OCT 23 1957

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 *Berry W. Shaker*

Licensed Embalmer No. *3944*

P. O. Address *Boonville*

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.