

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000869

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 7

300
1-57

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN Dutzow	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		d. STREET ADDRESS (If outside, give location) None	
Length of stay in lb 5 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HUGO Middle J. Last WILLENBRINK			4. DATE OF DEATH Month January Day 7 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 22, 1877
9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain Farm	11. BIRTHPLACE (City and state or country) Dutzow, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Carl Willenbrink		13b. MOTHER'S MAIDEN NAME Amelia Kuemper	14. NAME OF HUSBAND OR WIFE Elizabeth Willenbrink
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. 4493-42-6860	17. INFORMANT Walter Willenbrink Address 1422 East 3rd, Washington, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Hypertension DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			INTERVAL BETWEEN ONSET AND DEATH 6 day
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 <input type="checkbox"/> NOT 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 Marthasville Mo		COUNTY _____ STATE _____	
21. I attended the deceased from Death occurred at Jan 3/59 5:35 P. to Jan 7/59 and last saw him alive on Jan 7/59 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS Marthasville Mo	
22c. DATE SIGNED 1/9/59			
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 1/10/59	
23c. NAME OF CEMETERY OR CREMATORY St. Vincents Cemetery		23d. LOCATION (City, town, or county) (State) Dutzow, Missouri	
24. FUNERAL DIRECTOR [Signature] ADDRESS Marthasville, Mo.		25. DATE RECD. BY LOCAL REG. 1/2/59	
26. REGISTRAR'S SIGNATURE [Signature]			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.