

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004941

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 29

1300
-57

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, give TOWNSHIP only) OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Boonville 0270
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb hrs 3	d. STREET ADDRESS RFD #1 (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last CHRISTIAN OTTO OHLENDORF			4. DATE OF DEATH Month Day Year March 5, 1959
5. SEX male	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 Nov. 19, 1863
9. AGE (In years) 19 (birth day)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	11. BIRTHPLACE (City and state or country) Cooper County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ferdinand Ohlendorf		13b. MOTHER'S MAIDEN NAME Wilhelmina Lindeman	14. NAME OF HUSBAND OR WIFE Barbara Honerbrink
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Henry Ohlendorf RFD Boonville 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) Cerebral vascular accident - site unknown			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis			
DUE TO (c) General Arteriosclerosis			20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 321x		
20c. TIME OF INJURY Hour Month, Day, Year 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 4-2-57 to 3-5-59 and last saw him alive on 3-5-59 Death occurred at 4:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE William A. Abel, MD		22b. ADDRESS 329 Main Boonville, Mo	22c. DATE SIGNED 3/6/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Mar. 8/59	23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cem.	23d. LOCATION (City, town, or county) (State) RFD #1 Boonville, Mo.
24. FUNERAL DIRECTOR B. W. Thatcher Boonville, Mo.		25. DATE RECD. BY LOCAL REG. 3/6/59	26. REGISTRAR'S SIGNATURE D. Cooper

All diseases in Part I must be causally related. W m a, abel

MEDICAL CERTIFICATION

MAY 20 1958

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.