

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017270

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 118

5. 300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

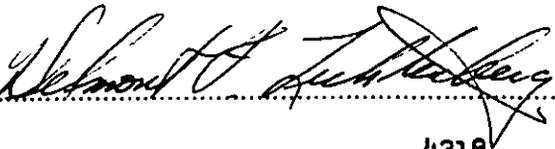
1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dutzow
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location) None
3. NAME OF DECEASED (Type or print) First Emma Middle Willenbrink Last Willenbrink		4. DATE OF DEATH Month May Day 18 Year 1959	
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 December 17, 1877
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress		9b. KIND OF BUSINESS OR INDUSTRY Bank	9c. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress		10b. KIND OF BUSINESS OR INDUSTRY Bank	10c. BIRTHPLACE (City and state or country) Augusta, Missouri
11. BIRTHPLACE (City and state or country) Augusta, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Dickhaus		13b. MOTHER'S MAIDEN NAME Mary Giesler	14. NAME OF HUSBAND OR WIFE Frank 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. 500-16-0253	17. INFORMANT Walter J. Volkerding, Dutzow, 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) Coronary Heart disease			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pericardial effusion			2 yr
DUE TO (c) Hypertension			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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.)	
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 June 1958 , to May 18, 1959 and last saw her alive on May 17/59 Death occurred at 4201 m on the date stated above; and to the best of my knowledge from the causes stated.			
22a: SIGNATURE W. J. Volkerding (Degree or title)		22b. ADDRESS Marthasville Mo	22c. DATE SIGNED 5/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/20/59	23c. NAME OF CEMETERY OR CREMATORY St. Vincents Cemetary	23d. LOCATION (City, town, or county) (State) Dutzow, Missouri
24. FUNERAL DIRECTOR D. F. Lichtenberg ADDRESS Marthasville, Mo.		25. DATE RECD. BY LOCAL REG. 5/20/59	26. REGISTRAR'S SIGNATURE W. J. Volkerding

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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
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.