

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUL 1 1949 STANDARD CERTIFICATE OF DEATH

State File No. 19095

BIRTH NO. 33354-49 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 700

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <b>MISSOURI</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WASHINGTON</b>	c. LENGTH OF STAY (in this place) <b>12 HRS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>OWENSVILLE</b>	<b>37</b> <b>2</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location)	<b>0</b> <b>1</b>

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Kathleen</b>	b. (Middle)	c. (Last) <b>Hengstenberg</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 18 1949</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JUNE 17, 1949</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>WASHINGTON, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>0</b>
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13a. FATHER'S NAME <b>HAROLD HENGSTENBERG</b>	13b. MOTHER'S MAIDEN NAME <b>WILADEEN COLLIER HENGSTENBERG</b>	14. NAME OF HUSBAND OR WIFE <b>HAROLD HENGSTENBERG</b>
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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.	17. INFORMANT'S SIGNATURE OR NAME <b>HAROLD HENGSTENBERG</b>	ADDRESS <b>OWENSVILLE, MO</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Atelectasis, rt.</b>	DUPLICATE (b) _____		<b>12 hrs</b>
ANTECEDENT CAUSES	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		<b>7620</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-18, 1949**, to **6-19, 1949**, that I last saw the deceased alive on **6-18, 1949**, and that death occurred at **2:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paula Brennan, M.D.</b>	23b. ADDRESS <b>Owensville, Mo.</b>	23c. DATE SIGNED <b>6-18-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-18-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST PETERS E + R. CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>OWENSVILLE MO.</b>
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DATE REC'D BY LOCAL REG. <b>June 18, 1949</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	49	25. FUNERAL DIRECTOR'S SIGNATURE <b>Michael H. H. Winter</b>	ADDRESS <b>OWENSVILLE MO.</b>
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RECEIVED JUN 27 1949  
District Health Officer No. 9,  
District File Number

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

*Melford H. H. Winter*

Licensed Embalmer No. 3838

P. O. Address Owensville 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.

NO EMBALMING