S. No. 300
v. 10-48

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24022

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5669 Registrar's No. 29

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1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Hawk Point tsp)
c. LENGTH OF STAY (in this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) S.E. of Hawk Point

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Hawk Point towsp)
d. STREET ADDRESS (If rural, give location) S.E. of Hawk Point

3. NAME OF DECEASED (Type or Print)
a. (First) Martha
b. (Middle)
c. (Last) Windmann

4. DATE OF DEATH (Month) (Day) (Year) July 26, 1949

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb. 11, 1879
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Warren County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Niermann
13b. MOTHER'S MAIDEN NAME Friederika Pohlmann
14. NAME OF HUSBAND OR WIFE Henry W. Windmann

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 H.W.Windmann, R.F.D. **ADDRESS** Troy, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis acute — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Seventyeth Arteriosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 12, 1947, *to* July 26, 1949, *that I last saw the deceased alive on* June 21, 1949, *and that death occurred at* 5 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold T Hoelscher MD (Degree or title)
23b. ADDRESS Warrenton Mo
23c. DATE SIGNED July 26 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-28-49
24c. NAME OF CEMETERY OR CREMATORY Steinhagen Evang.
24d. LOCATION (City, town, or county) (State) Warren County, Mo.

DATE REC'D BY LOCAL REG. July 28-1949
REGISTRAR'S SIGNATURE Emma B. Riddle 162
25. FUNERAL DIRECTOR'S SIGNATURE F.W.Nieburg & Co., **ADDRESS** Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 1 1949
District Health Officer No. 9,
District File Number

DEC 16 1953

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 John E. Herlinger

Licensed Embalmer No. 4409

P. O. Address Warrenton, 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.