

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29105

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 6234 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Elkhorn twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Elkhorn Twp.	
c. LENGTH OF STAY (In this place) 19 yrs.		d. STREET ADDRESS (If rural, give location) South-East of Warrenton	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South-East of Warrenton			

3. NAME OF DECEASED (Type or Print) a. (First) Christina Paulina b. (Middle) McCann c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 3, 1884	9. AGE (In years last birthday) 65	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 at home		11. BIRTHPLACE (State or foreign country) Warren Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Timmerburg		13b. MOTHER'S MAIDEN NAME Marie Lueckemann		14. NAME OF HUSBAND OR WIFE John L. McCann	
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 ADDRESS John L. McCann R.F.D. Warrenton, 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		INTERVAL BETWEEN ONSET AND DEATH Sudden Several years 1201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1943, to Aug 3, 1949, that I last saw the deceased alive on July 23, 1949, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE A. N. MacRae (Degree or title) D.O.	23b. ADDRESS Warrenton Mo.	23c. DATE SIGNED 8/4/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Lippstadt
24d. LOCATION (City, town, or county) (State) Warren County Mo.		

DATE REC'D BY LOCAL REG. 8-7-49	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co. Warrenton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1951

RECEIVED SEP 10 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 *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.