

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33367

State File No. ....

BIRTH NO. .... REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 4142 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville</u>		c. LENGTH OF STAY (in this place) <u>68 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Walter</u>		c. (Last) <u>Hert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 15- 49</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 5 1868</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>10</u> IF UNDER 2 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Decorator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Decorator</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri- Cole County</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John Hert</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Bauder</u>			14. NAME OF HUSBAND OR WIFE <u>Atta Mae Chambers Hert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Teupker Wichita, Kansas</u>				
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) <u>Acute dilation of heart</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>  <u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>Oct 15, 1949</u> to <u>Oct 15, 1949</u> , that I last saw the deceased alive on <u>Oct 12, 1949</u> , and that death occurred at <u>11:30 A.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Walter L. Leslie, M.D.</u>				23b. ADDRESS <u>Russellville, Mo</u>			23c. DATE SIGNED <u>Oct 16 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Engloe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Russellville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 17</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Dittmer</u>			70 <u>70</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blues, H. Schuweit, Russellville</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-4826  
99

RECEIVED 10-20-49  
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 Henry H. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, 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.