No. 300
10.48

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16225

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 113

0264

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

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): USA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 0264
d. STREET ADDRESS (If rural, give location): 812 Bald Hill Rd. 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): John Joseph Horstdaniel

4. DATE OF DEATH (Month) (Day) (Year): May 1 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: July 11-1911
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 9, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller
10b. KIND OF BUSINESS OR INDUSTRY: Dulle Milling Co
11. BIRTHPLACE (State or foreign country): Westphalia, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Horstdaniel
13b. MOTHER'S MAIDEN NAME: Elizebeth Radamacher
14. NAME OF HUSBAND OR WIFE: Sabine Horstdaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 498-18-6579
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Sabine Horstdaniel Jefferson City Mis

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) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 416X

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* Nov., 1948, *to* May 15, 1950, *that I last saw the deceased alive on* May 1, 1950, *and that death occurred at* 12:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. B. Klebla MD 0
23b. ADDRESS: Jefferson City, Mo.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 5-3-50
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery
24d. LOCATION (City, town, or county) (State): Westphalia, Missouri.

DATE REC'D BY LOCAL REG.: May 5-1950
REGISTRAR'S SIGNATURE: R.P. Darris MD. NR 68 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Victor Buescher Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 10 1950
District Health Officer No. 9,
District File Number

JUL 29 1958

16 1958

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 Victor Bueschu

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.