No. 300
10.48

FILED JUN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16267

BIRTH NO. 5-27-50 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 35

290
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: DADE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOCKWOOD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOCKWOOD Mo 0290
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): AUGUST
b. (Middle): FRIEDRICH
c. (Last): MIESSNER

4. DATE OF DEATH (Month) (Day) (Year): MAY 25 - 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: MAR 10 - 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 2, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RESTAURANT RET
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): NEW MINDEN ILL
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: FRIEDRICH MIESSNER
13b. MOTHER'S MAIDEN NAME: ELIZABETH FRYE
14. NAME OF ~~HUSBAND~~ OR WIFE: EMELIA MIESSNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: LOUIS MIESSNER — ADDRESS: Lockwood 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): Congestive Heartfailure — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

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.: 4341

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?: 4 a.m.

22. *I hereby certify that I attended the deceased from* May 25th, 1950, *to* May 25th 1950, *that I last saw the deceased alive on* May 25th, 1950, *and that death occurred at* 12.30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max Heilbrunn M.D.
23b. ADDRESS: Lockwood, Mo
23c. DATE SIGNED: [illegible] 6th 50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 28 -
24c. NAME OF CEMETERY OR CREMATORY: IMMANUAL LUTHERAN
24d. LOCATION (City, town, or county) (State): Lockwood Dade Mo

DATE REC'D BY LOCAL REG.: 5-26-50
REGISTRAR'S SIGNATURE: Geo L. Weir 79 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: R. L. Haunsdichl Lockwood Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 29 1950
District Health Office No. 6
District File Number 550-615
Date Filed 5-31-50

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed R. L. Havensfield

Licensed Embalmer No. 3237

P. O. Address Lockwood 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.