S. No. 300
v. 10.48

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

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16389

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Roark Twp
c. LENGTH OF STAY (In this place): 85 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi. East o f Hermann

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Roark Twp 0370
d. STREET ADDRESS (If rural, give location): 3mi. East of Hermann

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle): WILLIAM
c. (Last): LOEHNIG

4. DATE OF DEATH (Month) May (Day) 14 (Year) 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed W
8. DATE OF BIRTH: Jan. 23, 1859
9. AGE (In years last birthday): 91 — 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: F. August Loehnig
13b. MOTHER'S MAIDEN NAME: Theresa Thielmann
14. NAME OF HUSBAND OR WIFE: Caroline Loehnig

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: Theresa Loehnig, **ADDRESS**: Hermann, Mo R#2

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) Mitral Insufficiency

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypotension

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: 410X

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* May 9, 1950, *to* May 14, 1950, *that I last saw the deceased alive on* May 13, 1950, *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE Howard Horkman (Degree or title) M.D.
23b. ADDRESS Hermann MO
23c. DATE SIGNED 5-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-17-50
24c. NAME OF CEMETERY OR CREMATORY: Hermann City Cemetery
24d. LOCATION (City, town, or county) (State): Hermann, Mo

DATE REC'D BY LOCAL REG.: 5/16/50
REGISTRAR'S SIGNATURE: D. Meuschke
25. FUNERAL DIRECTOR'S SIGNATURE: Hugo H. Plumer **ADDRESS**: Hermann, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 6 1950
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.

Signed Hugo H. Blumer

Signed .....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.