

FILED MAY 22 1950

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17453

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hudson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Hudson</u>	
c. LENGTH OF STAY (in this place) <u>Syracuse, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Still-Hildreth Sanatorium</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Osteo. San.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Herbert</u>	b. (Middle) <u>William</u>	c. (Last) <u>Dengler</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>4</u> <u>29</u> <u>50</u>
--	---------------------------	----------------------------	--------------------------	--	------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 16, 1894</u>	9. AGE (In years last birthday)	<u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
-----------------------	----------------------------------	--	--	---------------------------------	-----------	---------------------------	--------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>New York, N.Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	---

13a. FATHER'S NAME <u>William I. Dengler</u>	13b. MOTHER'S MAIDEN NAME <u>Julia A. Knapp</u>	14. NAME OF HUSBAND OR WIFE <u>None</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 <u>Marion B. Dengler</u>	ADDRESS <u>Ithaca, N.Y.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Volvulus - small intestine</u>		<u>3 days</u>
	DUE TO (c) <u>Schizophrenia</u>		<u>5703</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia</u>			<u>35 years</u>

19a. DATE OF OPERATION <u>Apr. 27-1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Volvulus - Small intestine - Resection of about 7 feet.</u>	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) 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 Aug. 2, 1944, to Apr. 29, 1950, that I last saw the deceased alive on Apr. 29, 1950, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. M. Still</u>	(Degree or title)	23b. ADDRESS <u>Macon, Mo.</u>	23c. DATE SIGNED <u>4-29-50</u>
--------------------------------------	-------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4/29/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fern Cliff Cemetery Mausoleum Co. Inc.</u>	24d. LOCATION (City, town, or county) (State) <u>Greenburgh, N.Y.</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>5/3/50</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	185	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Kurka</u>	ADDRESS <u>Macon</u>
---	--	-----	---	-------------------------

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

RECEIVED 5.15.50
MACON COUNTY HEALTH DEPARTMENT
County File No.5.50.112
Date Filed.....5.19.50

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 _____

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Albert Skinnier

Licensed Embalmer No. 757

P. O. Address Macon, Ga

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.