

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26540

State File No. _____

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Haven, Mo. Lyon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Haven, Mo., Lyon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0360</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>KATHERINE</u> c. (Last) <u>TEGELER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 13, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb., 2, 1862</u>
9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>6</u>	11. DAYS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Gerald, Missouri</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Frederick Henry Sprick</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Landwehr</u>	
14. NAME OF HUSBAND OR WIFE <u>F. W. Tegeler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u> (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oliver Vogt, New Haven, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Arterial Sclerosis</u>			
DUE TO (c) <u>Hypertension Essential</u>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial occlusion left Femoral</u>		<u>443X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>8-19, 1946</u> , to <u>8-13, 1950</u> , that I last saw the deceased alive on <u>8-6, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles Schmidt M.D.</u>		23b. ADDRESS <u>Gerald, Mo.</u>	
		23c. DATE SIGNED <u>8-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 16, '50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gerald, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-13-50</u>		REGISTRAR'S SIGNATURE <u>H. Matthews</u> 95	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest R. Ottmann</u>		ADDRESS <u>Gerald, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

360

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP - 5 1950

RECEIVED

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 *Ernest R. Olden*

Signed.....
Student Embalmer

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

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.