

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27377

No. 300
10.48

FILED AUG 22 1950

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5635 Registrar's No. 327

530

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morgan Union Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morgan Rural 0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Morgan Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna May</u> b. (Middle) <u>Indermuehle</u> c. (Last) <u>Indermuehle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1950</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 28, 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>	IF UNDER 1 HRS. Hours <u>0</u>	IF UNDER 15 MIN. Min. <u>0</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		11. BIRTH PLACE (State or foreign country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James M. Everett</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Goene</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Indermuehle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Indermuehle Morgan Mo.</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of Brain</u>		
	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. <u>Hypertension.</u>		331X	

19a. DATE OF OPERATION <u>8-8-50</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-8, 1948, to 8-6, 1950, that I last saw the deceased alive on 7-29-48 and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. D. Dunderoy M.D.</u>	23b. ADDRESS <u>Conway</u>	23c. DATE SIGNED <u>8-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 8, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roper Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Morgan Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-16-1950</u>	REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Holman Lebanon, Mo.</u>
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Received AUG 19 1950
Laclede County Health Unit
File No. 8-50-123
Date Filed AUG 21 1950

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.