

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32896**
 81

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5181		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Berry			
b. CITY OR TOWN Friedheim Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Attenburg Mo. 1990		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brunel Nursing Home				3. NAME OF DECEASED a. (First) Martin b. (Middle) Jacob c. (Last) Darnsteadt			
4. DATE OF DEATH (Month) (Day) (Year) Oct 21 1950		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec 8 1869		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 10 Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) United States		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jacob Darnsteadt		13b. MOTHER'S MAIDEN NAME Fredericke Mueller		14. NAME OF HUSBAND OR WIFE Agnes Mueller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ernest Brunel Friedheim Mo.				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Regurgitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure 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 444X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR	
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"/>		22. I hereby certify that I attended the deceased from 1945 , 19___, to 10-20, 1950 , that I last saw the deceased alive on 10-20, 1950 , and that death occurred at 7:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE R. D. Blacklock M.D.		(Degree or title)		23b. ADDRESS Oak Ridge Mo.		23c. DATE SIGNED 10-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 23-1950		24c. NAME OF CEMETERY OR CREMATORY Attenburg Lutheran		24d. LOCATION (City, town, or county) (State) Attenburg Mo.	
DATE REC'D BY LOCAL REG. Oct 23-50		REGISTRAR'S SIGNATURE E. J. Lubin		25. FUNERAL DIRECTOR'S SIGNATURE Fred. Kahmert		ADDRESS New Wells	

(Licensed Embalmer's Statement on Reverse Side)

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

0160
4

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.....

B.A. Meyer

Licensed Embalmer No. *3057*.....

P. O. Address *Jackson 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.