

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33159

FILED NOV 2 1950

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 146

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>St. Johns Township</u>	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> <u>0362</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Washington P. H.</u>		d. STREET ADDRESS (If rural, give location) <u>1020 South Elm St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORBERT</u> b. (Middle) <u>HENRY</u> c. (Last) <u>MAUNE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 1950</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>3-14-1934</u>
9. AGE (In years last birthday) <u>16</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u>	IF UNDER 1 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial Building</u>	11. BIRTHPLACE (State or foreign country) <u>Washington Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frederick Maune</u>	
13b. MOTHER'S MARDEN NAME <u>Elizabeth Haberberger</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-34-9855</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arvid Maune 620 South Elm Washington, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto Accident</u>			4 23 48 3
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Neck</u>			
DUE TO (c) <u>Lost Control of Car</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Possible a sleep</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>1 1/2 miles west of Washington on Hwy 100 No other cars involved</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>036</u> (COUNTY) <u>Franklin</u> (STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accident P.H.H.</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Mrs. P. Shaffer</u> (Degree or title) <u>Cover</u>		23b. ADDRESS <u>Julliana Mo</u>	23c. DATE SIGNED <u>10/22/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10-25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>A. Francis Logan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct. 23 1950</u>	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>99</u>	ADDRESS <u>Funeral Home by Mrs. Wilburink Washington, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
OCT 30 1950  
DISTRICT HEALTH OFFICE No. 4  
File No.

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 *Willie Wilberink* \_\_\_\_\_

Licensed Embalmer No. *45 11*

P. O. Address *Washington Miss*

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.