S. No. 300
v. 10.48

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33981

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 71

0541
1

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higginsville
c. LENGTH OF STAY (In this place): 65 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higginsville 0541
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): 0
c. (Last): Korthanke

4. DATE OF DEATH (Month) 92 (Day) 26 (Year) 50

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 0
8. DATE OF BIRTH: 3-10-85
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 6, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Warren County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Conrad Korthanke
13b. MOTHER'S MAIDEN NAME: Charlotte Strather
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Alfred Hoefer — ADDRESS: Higginsville, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 4 200

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 11, 1950, *to* Sept 26, 1950, *that I last saw the deceased alive on* Sept 19, 1950 *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter E. Koppenbrink, MD
23b. ADDRESS: Higginsville Mo.
23c. DATE SIGNED: Oct. 1, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 9-28-50
24c. NAME OF CEMETERY OR CREMATORY: Evangelical
24d. LOCATION (City, town, or county) (State): Higginsville Mo.

DATE REC'D BY LOCAL REG.: Oct. 15 1950
REGISTRAR'S SIGNATURE: Clayton W. Landrum 154
25. FUNERAL DIRECTOR'S SIGNATURE: Forrest S. Hoefer — ADDRESS: Higginsville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-17-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-17-50

DEC 2 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.

Signed _____
Student Embalmer

Signed [illegible]
Licensed Embalmer No. 4358
P. O. Address Higginsville, 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.