

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36366

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 370

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 1 month		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION Howard Nursing Home		d. STREET ADDRESS (If rural, give location) 409 Albert St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Agusta	b. (Middle) Anna	c. (Last) Hente	4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan. 3, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mts. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Egypt Mills, Mo. 0	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Henry Niedling	13b. MOTHER'S MAIDEN NAME Lydia Schack	14. NAME OF HUSBAND OR WIFE Theo. Hente
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lester Hente ADDRESS Cape Girardeau, Mo.
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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, ashenia, 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>Myocarditis</u>		<u>1 day</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>4 2 2 2</u>	

19a. DATE OF OPERATION	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) m.	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 Nov. 18 1949, to Dec 2, 1950, that I last saw the deceased alive on Dec 1, 1950, and that death occurred at 6:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. W. H. M. M. D. 2</u>	23b. ADDRESS <u>Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>12/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/4/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Egypt Mills Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Egypt Mills, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-4-1950</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. GENERAL DIRECTOR'S SIGNATURE <u>C. J. Lobry</u> ADDRESS <u>Cape Girardeau, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0164

1950, S. Dec. 1950

RECEIVED

1950, S. Dec. 1950

1950, S. Dec. 1950

DEC 12 1950

1950, S. Dec. 1950

1950, S. Dec. 1950

1950, S. Dec. 1950

DISTRICT HEALTH OFFICE No.

1950, S. Dec. 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

working under my personal supervision.

Student Embalmer No.

Signed

C. J. Loring

Signed.....
Student Embalmer

Licensed Embalmer No. 3810

1950, S. Dec. 1950

P. O. Address Cape Girardeau, 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 stated above.