

FILED DEC 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36862**

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5546 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Franklin Twsp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Franklin, 0430	
c. LENGTH OF STAY (In this place) 50 Yrs.		d. STREET ADDRESS (If rural, give location) Rural.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Abeln c. (Last) Ginter			4. DATE OF DEATH (Month) (Day) (Year) November 7 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 23" 1877		9. AGE (In years last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA.	
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13a. FATHER'S NAME Bernard Abeln		13b. MOTHER'S MAIDEN NAME Mary Broeggen		14. NAME OF HUSBAND OR WIFE Fabian Ginter	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mr. Fabian Ginter, Franklin, Missouri.		ADDRESS _____	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				4222	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. asthma				?	

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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from mar, 1947, to Dec 7, 1950, that I last saw the deceased alive on Dec 7, 1950, and that death occurred at 5:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE T.C. Beckett MD (Degree or title)		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 12-8-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ()	24b. DATE December 9/1950	24c. NAME OF CEMETERY OR CREMATORY Catholic	24d. LOCATION (City, town, or county) (State) Boonville Missouri.		
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DATE REC'D BY LOCAL REG. 12.11.50		REGISTRAR'S SIGNATURE Mary L. Shell <u>436</u>		25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Missouri.		ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

12/14/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/14/50

VS
FEB 29 1960

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

Walter E. Moyer

Licensed Embalmer No.

44910

P. O. Address

Boonville, 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.