

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37696**
Registrar's No. **602**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5706**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY OR TOWN Anderson twp.-Rural		c. CITY OR TOWN Anderson twp.-Rural	
c. LENGTH OF STAY (In this place) 21 years		d. STREET ADDRESS (If rural, give location) 1 1/2 mile West of Anderson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 Mile West of Anderson		e. STREET ADDRESS (If rural, give location) 1 1/2 mile West of Anderson	
3. NAME OF DECEASED (Type or Print) a. (First) VERNA b. (Middle) ARDEN c. (Last) HIMEGARTNER		4. DATE OF DEATH October 20, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 31, 1883
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Meade County Kentucky
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME James H. Cannon	
14. MOTHER'S MAIDEN NAME Isabel Graham		15. NAME OF HUSBAND OR WIFE Jake Elmer Himegartner	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		17. SOCIAL SECURITY NO. None	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
19a. DATE 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)		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 June, 1950 , to Oct 20, 1950 , that I last saw the deceased alive on Oct 20, 1950 , and that death occurred at 3 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. D. Armstrong, M.D.		23b. ADDRESS Moelmo	
23c. DATE SIGNED Oct 25 50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 23, 1950		24c. NAME OF CEMETERY OR CREMATORY Lanagan Cemetery	
24d. LOCATION (City, town, or county) (State) Lanagan, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE John B. Papineau	
DATE REC'D BY LOCAL REG. 10-27-50		REGISTRAR'S SIGNATURE Marjorie Henderson	
ADDRESS Goodman, Missouri		ADDRESS Goodman, Missouri	

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

600

0503

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 9 1950

Dist. File 1150-2293

Date Filed 11-17-50

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.....
Student Embalmer

Signed John B. Papinian
Licensed Embalmer No. 4446

P. O. Address Lockman, 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.