

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 717

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mount Vernon, Rural Rt. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Vincent Hospital		d. STREET ADDRESS (If rural, give location) Northeast of Freistatt, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Charolet b. (Middle) Hedwig c. (Last) Deschner		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26, 1880
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 6	IF UNDER 12 HRS. Days 15 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mount Vernon, Rural, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Quade	
13b. MOTHER'S MAIDEN NAME Emile Aynng		14. NAME OF HUSBAND OR WIFE John Deschner	
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. No	
17. INFORMANT'S SIGNATURE OR NAME John Deschner		ADDRESS Mt. Vernon, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage thrombus - lead afferent ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chr. myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Angioma of liver Ch. nephritis	
INTERVAL BETWEEN ONSET AND DEATH 4 wks 1/2 da. 8 yrs 5 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
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) (Minute)	
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 1/22 ¹⁹ 43 , to 1/11 , 19 51 , that I last saw the deceased alive on 1/10 19 51 , and that death occurred at 4 P m., from the causes and on the date stated above.			
23a. SIGNATURE Bennett Sloer M.D.		23b. ADDRESS Mt. Vernon, Mo	
23c. DATE SIGNED 1/13/51		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE Jan. 15, 1951		24c. NAME OF CEMETERY OR CREMATORY Freistatt Cemetery	
24d. LOCATION (City, town, or county) (State) Freistatt Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. M. West	
DATE REC'D BY LOCAL REG. 1-18-51		ADDRESS Bennett-Wormington Monett, Mo	

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

DIVISION OF HEALTH OF MO.

No. F - Springfield

ED JAN 22 1951

Case File 151-171

Date Filed: 1-22-51

JUN 29 1951

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

J. Gordon Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett Missouri

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.