

FILED MAR 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4393

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5435 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Boeuf</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- RALOX Boeuf</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>12 Miles S.E. of Hermann, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Langendoerfer Farm</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-26-1951</u>	
3. NAME OF DECEASED a. (First) <u>HARVEY</u>		b. (Middle) <u>ALBERT</u>	
c. (Last) <u>HORSTMANN</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>10-4-1922</u>		9. AGE (In years last birthday) <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Berger, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ben Horstmann</u>		13b. MOTHER'S MAIDEN NAME <u>Della Von Behren</u>	
14. NAME OF HUSBAND OR WIFE <u>not married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ben Horstmann, Berger, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accident-Struck by falling Tree</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 9:01</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>(While custom log cutting)</u>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Boeuf Twp Gasconade Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 26 1951-4:44 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Falling Tree</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:45 PM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Meigost Blumer</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Hermann, Missouri</u>	
23c. DATE SIGNED <u>2-26-51</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. James Evang Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Stonycreek Mo.</u>		DATE REC'D BY LOCAL REG. <u>2/27/51</u>	
REGISTRAR'S SIGNATURE <u>Blumweller</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul Blumer</u>	
ADDRESS _____		ADDRESS <u>Berger Mo.</u>	

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 3 1951

RECEIVED

MAR 22 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.

Signed.....
Student Embalmer

Signed *Gustav W. Ductule*
Student Embalmer No.

Licensed Embalmer No. 4329

P. O. Address St. Louis, 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.