

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5532

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 4388 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamais-Benton	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamais Benton Just.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Anna	b. (Middle) D	c. (Last) Mertens	2 19-1951		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 5-8-1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 9 Days 11	IF UNDER 12 HRS. Hours Mins.
----------------------	-------------------------------	---	----------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Chamais Mo	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME Gerhard Giesinger	13b. MOTHER'S MAIDEN NAME Rosa A. Reymen Lorenz	13c. NAME OF HUSBAND OR WIFE Mertens
---	--	---

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 Mary Mertens	ADDRESS Chamais 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, asphyxia, 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) Cerebral Hemorrhage		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Renal Damage + Arteriosclerosis		10 yrs. 15-20 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 28, 1950**, to **Feb 19, 1951**, that I last saw the deceased alive on **Feb 19, 1951**, and that death occurred at **1:37 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. B. Farnsworth, D.O.	23b. ADDRESS Chamais, Mo.	23c. DATE SIGNED 2-20-51
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-22-51	24c. NAME OF CEMETERY OR CREMATORY Catholic Chamais	24d. LOCATION (City, town, or county) (State) Chamais Osage Mo
DATE REC'D BY LOCAL REG. 2-22-51	REGISTRAR'S SIGNATURE Anna Moran	25. FUNERAL DIRECTOR'S SIGNATURE G. J. Meyer	ADDRESS Chamais Mo

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

0760

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 24 1951

RECEIVED

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.

Signed _____

Donald P. Freeman
4652
J. M.

Licensed Embalmer No. _____

Signed _____
Student Embalmer

P. O. Address _____

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.