

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7355

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 13

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Webster | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Marshfield | | d. STREET ADDRESS (If rural, give location) Marshfield | |

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Catherine c. (Last) Hindermann d. DATE OF DEATH (Month) (Day) (Year) Feb 11 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Feb. 8 1862 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 0 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) 5 Mollis, Switzerland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J.M. Henzinger 13b. MOTHER'S MAIDEN NAME Rosie Zwiki 14. NAME OF HUSBAND OR WIFE widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Raymond Best ADDRESS Marshfield, 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) Myocardial Insufficiency ANTECEDENT CAUSES DUE TO (b) Senility DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

INTERVAL BETWEEN ONSET AND DEATH Several Months 89 yrs. 42.28

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1950, to 2-11, 1951, that I last saw the deceased alive on Feb. 8, 1951, and that death occurred at 2:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.P. Macdonnell O.M.D. 23b. ADDRESS Marshfield, Mo. 23c. DATE SIGNED Feb. 12, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 13, 1951 24c. NAME OF CEMETERY OR CREMATORY Mission Home Cemetery 24d. LOCATION (City, town, or county) (State) Marshfield Mo.

DATE REC'D BY LOCAL REG. 2/17/51 REGISTRAR'S SIGNATURE J. Francis 392 25. FUNERAL DIRECTOR'S SIGNATURE Barber-Barto Funeral Home ADDRESS Marshfield, Mo.

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

1120
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 19 1951

Dist. File 257-408

Date Filed 2-19-51

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 Lee Mason.....

Licensed Embalmer No. 4568.....

P. O. Address Marshfield, 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.