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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 5 1951

State File No. 8024

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5435 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: GASCONADE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-BOEUF
c. LENGTH OF STAY (in this place): 45 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HIS RESIDENCE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GASCONADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-BOEUF 0370
d. STREET ADDRESS (If rural, give location): 15 MILES SOUTH OF HERMANN, MO

3. NAME OF DECEASED (Type or Print)
a. (First): CHRISTIAN
b. (Middle): GUSTAV
c. (Last): MANN

4. DATE OF DEATH (Month) (Day) (Year): 3- 28 1951

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 5-2-1880
9. AGE (In years last birthday): 70 — If under 1 year: Months 10, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): DETMOLD, MISSOURI. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FREDERICK MANN
13b. MOTHER'S MAIDEN NAME: AMELIA POEPPELMEYER
14. NAME OF HUSBAND OR WIFE: Mrs. Lydia Mann

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 / ADDRESS: Warren Mann, Hermann, Mo. R.F.D.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Apoplexy with bilateral paralysis — 17 months
DUE TO (c) Hypertension c̄ arteriosclerosis — Do not know

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓ 334 X
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) m.
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* 4/9/, 1949, *to* 3/29, 1951, *that I last saw the deceased alive on* 3/28, 1951, *and that death occurred at* 12:55 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. P. Eisenmann M.D.O
23b. ADDRESS: New Haven, Mo.
23c. DATE SIGNED: 3/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 4-1-1951
24c. NAME OF CEMETERY OR CREMATORY: Mann's Cemetery
24d. LOCATION (City, town, or county) (State): Hermann, Mo. RFD

DATE REC'D BY LOCAL REG.: 3/31/51
REGISTRAR'S SIGNATURE: D. C. Muskwell 102 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Paul L. Blumer Berger Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 3 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

APR 12 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 Gustav W. Dietule

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

Signed.....
Student Embalmer

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.