

STANDARD CERTIFICATE OF DEATH

13049

State File No. ....

FILED APR 28 1951

500  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Big River Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Big River Township</b>	
c. LENGTH OF STAY (in this place) <b>4 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>Star Route West</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Star Route West</b>		d. STREET ADDRESS (If rural, give location) <b>Star Route West</b>	
3. NAME OF DECEASED a. (First) <b>Charles</b> b. (Middle) <b>Dauernheim</b> c. (Last) <b>Dauernheim</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 13 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 18, 1871</b>
9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Interior Decorator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Decorating</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo:</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charles Dauernheim Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Birdie Dauernheim</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ethyl Freda Geigel 1348 Jarvis Chicago, Ill</b>	
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) <b>Chronic myocarditis</b> ANTECEDENT CAUSES <b>Chronic nephritis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION <b>no</b>	
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) <b>592x</b>	
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 <b>May 10, 1948</b> , to <b>April 13, 1951</b> , that I last saw the deceased alive on <b>April 12, 1951</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>W. V. Neff</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>DeSoto</b>	23c. DATE SIGNED <b>Apr. 13, 1951</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 16, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>4-16-51</b>	REGISTRAR'S SIGNATURE <b>Kathleen Marsden</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Daniel F. Mahu</b>	ADDRESS <b>DeSoto, Mo.</b>

JENSEN COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 7-26-51

RECEIVED  
JUL 26 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Daniel J. Mahan

Licensed Embalmer No. 4326

P. O. Address Lebo, 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.