

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 6 1951

State File No. 15952

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 63

0242

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Clay</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Nebraska</p> b. COUNTY <p style="text-align: center;">Knox</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Excelsior Springs</p>	c. LENGTH OF STAY (in this place) <p style="text-align: center;">8 Days</p>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Creighton</p>	8260
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">South Street</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">8</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">WILLIAM</p>	b. (Middle) <p style="text-align: center;">CARL</p>	c. (Last) <p style="text-align: center;">HENGSTLER</p>	(Month) <p style="text-align: center;">May</p>	(Day) <p style="text-align: center;">28</p>	(Year) <p style="text-align: center;">1951</p>

5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">July 9 1878</p>	9. AGE (In years last birthday) <p style="text-align: center;">72</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YR. Hours	IF UNDER 1 YR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Furniture & Funeral</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Directing</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Creighton Nebraska</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>	
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13a. FATHER'S NAME <p style="text-align: center;">Andrew Hengstler</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Martha Zept</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Bertha Schoenfeldt</p>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">no</p>	(If yes, give war or dates of service) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">507-36-5745</p>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">A.W. Hengstler - Creighton Nebr.</p>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <p style="text-align: center;">arterial sclerosis, brain, heart</p>	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <p style="text-align: center;">DUE TO a. aortic fibrillation? Cerebral a. c. sclerosis</p>	DUE TO (c)			15 yrs.	2. 1 yr.
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4200</p>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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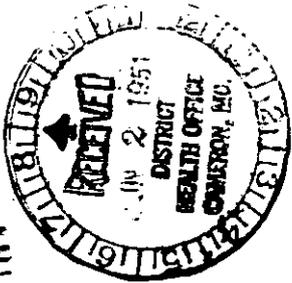
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-1-50, 19, to 5-27, 1951, that I last saw the deceased alive on 5-27, 1951, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;">David Musgrave M.D.</p>		23b. ADDRESS <p style="text-align: center;">Excelsior Springs, Mo</p>		23c. DATE SIGNED <p style="text-align: center;">5-28-51</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p>	24b. DATE <p style="text-align: center;">May 28* 1951</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Greenwood Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Creighton Nebr.</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">5/28/51</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Caroline Hutchings</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Hope Stern's Home</p>	ADDRESS <p style="text-align: center;">Excelsior Spg. Mo</p>
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JUN 6 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.....

Student Embalmer

Signed

James A. Moler

Licensed Embalmer No. m3296

P. O. Address Excelsior Springs, 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.