

FILED JUN 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19254

BIRTH NO.		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Warren		b. CITY (If outside corporate limits, write RURAL and give town or township) Warrenton		a. STATE Missouri		b. COUNTY Warren	
c. LENGTH OF STAY (in this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Bernheimer		1090			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Pinckney Township			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Wippermann		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
June 5, 1951							
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Feb. 23, 1875		9. AGE (in years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Wippermann			13b. MOTHER'S MAIDEN NAME Caroline Vieth			14. NAME OF HUSBAND OR WIFE	
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 Miss Minnie Wippermann, Warrenton, 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, asthma, 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)		Coronary occlusion with				1 hr	
ANTECEDENT CAUSES		DUE TO (b) Chronic myocarditis with				unknown	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) congestive heart failure					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Feb 11, 1951 , to June 5, 1951 , that I last saw the deceased alive on June 4, 1951 , and that death occurred at 7 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold J. Helich, M.D.				23b. ADDRESS Warrenton		23c. DATE SIGNED 6-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-7-51		24c. NAME OF CEMETERY OR CREMATORY Pinckney Meth. Church		24d. LOCATION (City, town, or county) (State) Warren County, Mo.	
DATE REC'D BY LOCAL REG. 6-6-51		REGISTRAR'S SIGNATURE Lloyd Lagan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 3

DISTRICT HEALTH OFFICE NO. 4531

JUN 7 1951

RECEIVED

File No.

SEP 1 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 *John J. Hebling*
Licensed Embalmer No. *3897*

P. O. Address *Warrenton, M*

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.