

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22643
Registrar's No. 105

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020

1. PLACE OF DEATH
a. COUNTY Franklin.

2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)
a. STATE Missouri b. COUNTY Franklin

b. CITY (If outside corporate limits, write RURAL and give township) Washington. c. LENGTH OF STAY (In this place) 63 yrs.

c. CITY (If outside corporate limits, write RURAL and give township) Washington

d. FULL NAME OF HOSPITAL OR INSTITUTION 112 W. 4th St.

d. STREET ADDRESS (If rural, give location) 112 W. 4th St.

3. NAME OF DECEASED
a. (First) Evert b. (Middle) A. c. (Last) Mauntel

4. DATE OF DEATH (Month) (Day) (Year) July 26, 1951.

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr. 1st, 1888 9. AGE (In years last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor. 10b. KIND OF BUSINESS OR INDUSTRY X

11. BIRTHPLACE (State or foreign country) Washington, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John H. Mauntel. 13b. MOTHER'S MAIDEN NAME Mary Kahmann. 14. NAME OF DECEASED'S WIFE Teresa C. Mauntel.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) W.W. No. 1

16. SOCIAL SECURITY NO. 497-16-7602

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Teresa C. Mauntel Washington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute left ventricular failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hemiplegia left side - 72 mo.

DUE TO (c) coronary occlusion 46 mo.

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 _____ 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 October, 1946, to July 27, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS Washington Mo. 23c. DATE SIGNED 7/27/51

24a. BURIAL / CREMATION, REMOVAL (Specify) Burial 24b. DATE July 28, 1951 24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery, Washington, Mo. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 28, 1951 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg & Vitt Inc Washington, Mo.

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

File No. _____
DISTRICT HEALTH OFFICE No. 4
JUL 30 1951

RECEIVED

AUG 8 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

Lester A. Witt

Signed.....
Student Embalmer

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.