S. No. 300
V. 10.48

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

FILED JUL 24 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23966

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 234

804

**1. PLACE OF DEATH**
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 1800
d. STREET ADDRESS (If rural, give location): R. F. D. # 4

**3. NAME OF DECEASED** (Type or Print): a. (First) Helen b. (Middle) MARY c. (Last) IMHAUSER

**4. DATE OF DEATH** (Month) (Day) (Year): July 18 - 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: April 7 - 1894
**9. AGE** (In years last birthday): 57 — If under 1 year: Months 3, Days 11 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): Tipton Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William Franken
**13b. MOTHER'S MAIDEN NAME**: Katherine Knipp
**14. NAME OF HUSBAND OR WIFE**: Joseph Imhauser

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Joseph Imhauser — ADDRESS: Sedalia

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

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

DUE TO (b): Hypertensive vascular disease — Unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pyonephritis — 3 weeks

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 331x
**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* 15 July, 1951, *to* 18 July, 1951, *that I last saw the deceased alive on* 18 July, 1951, *and that death occurred at* 12:00 m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Carl Dreyer M.D.
**23b. ADDRESS**: 412½ So Ohio Sedalia
**23c. DATE SIGNED**: 19 July 51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7-20-51
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary
**24d. LOCATION** (City, town, or county) (State): Sedalia Mo

**DATE REC'D BY LOCAL REG.**: 7-20-51
**REGISTRAR'S SIGNATURE**: A. Campbell M.D. 1951 Deputy
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: McLaughlin Bros. Sedalia

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-23-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-23-51

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 K. P. McGary
Licensed Embalmer No. 3153
P. O. Address Sedalia 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.