

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25974

State File No.

FILED AUG 7 1951

BIRTH NO. _____ REG. DIST. NO. 36V PRIMARY REG. DIST. NO. 4531 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Charrette</u> <u>1090</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles North Dutzow, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lisette</u> b. (Middle) <u>Anna</u> c. (Last) <u>Hinnah</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7/11/51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 27, 1870</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Marthasville, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>			
13a. FATHER'S NAME <u>Heronohemus Hoffmann</u>		13b. MOTHER'S MAIDEN NAME <u>Whilimonia Willegman</u>	14. NAME OF HUSBAND OR WIFE <u>Herman Hinnah</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Hoffmann</u> ADDRESS <u>Marthasville, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia hypostatica</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 day -</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Outstand</u>		DUE TO (c) <u>Chronic Myocarditis & longitive heart failure</u>	
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 <input type="checkbox"/> NO <input type="checkbox"/>		<u>4222</u>	
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)		<u>4222</u>	
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?			
22. I hereby certify that I attended the deceased from <u>July 4, 1951</u> , to <u>July 11, 1951</u> , that I last saw the deceased alive on <u>July 10, 1951</u> , and that death occurred at <u>11:30 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold Hoffmann M.D.</u>		23b. ADDRESS <u>Warrenton Mo.</u>	
23c. DATE SIGNED <u>7-14-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/15/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Femme Osage Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Femme Osage Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-14-51</u>		REGISTRAR'S SIGNATURE <u>Lloyd Logan</u> <u>421</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. V. Littlehey</u>		ADDRESS <u>Marthasville, Mo.</u>	

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

1090
4

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 30 1951

RECEIVED

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 *Robert T. Littleberg*

Signed
Student Embalmer

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.