

FILED AUG 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26561

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 12-13

1. PLACE OF DEATH
 a. COUNTY **FRANKLIN** 0360
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **NEW HAVEN**
 c. LENGTH OF STAY (In this place) **32**
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **MISSOURI** b. COUNTY **FRANKLIN**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **NEW HAVEN RURAL**
 d. STREET ADDRESS (If rural, give location) **0360**

3. NAME OF DECEASED
 a. (First) **CAROWINE** b. (Middle) **SOPHIE** c. (Last) **KORMEIER**
 4. DATE OF DEATH (Month) (Day) (Year) **8 - 9 - 51**
 5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **MAR. 23 - 1881** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months **4** Days **16** IF UNDER 24 HRS. Hours **16** 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 **L** 11. BIRTHPLACE (State or foreign country) **GERARD MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **US**

13a. FATHER'S NAME **FRITS VOGT** 13b. MOTHER'S MAIDEN NAME **WILHELMINE EGGERT** 14. NAME OF HUSBAND OR WIFE **EDWARD KORMEIER**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mabel Starnier New Haven Mo** ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **coronary occlusion** INTERVAL BETWEEN ONSET AND DEATH **1 day**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **auricular fibrillation** **2 1/2 years**
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **arteriosclerosis** **10 years**
 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **433.1** 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 **March**, 19**38**, to **8/9**, 19**51**, that I last saw the deceased alive on **7/30**, 19**51**, and that death occurred at **4:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **B. P. Eisenmann M.D.** 23b. ADDRESS **New Haven, Missouri** 23c. DATE SIGNED **8/10/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8-13-51** 24c. NAME OF CEMETERY OR CREMATORY **New Haven Cem** 24d. LOCATION (City, town, or county) (State) **New Haven Mo** **9th**

DATE REC'D BY LOCAL REG. **8-11-51** REGISTRAR'S SIGNATURE **93** **Jessie Zimmerman** 25. FUNERAL DIRECTOR'S SIGNATURE **Lola Taylor** ADDRESS **New Haven**

(Licensed Embalmer's Statement on Reverse Side)

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

File No.
DISTRICT HEALTH OFFICE NO. 4

AUG 17 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 *Earl J. Hestey*

Signed.....
Student Embalmer

Licensed Embalmer No. *28385*

P. O. Address *Yonkers N.Y.*

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.