No. 300
10.48

FILED NOV 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36659

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5250 Registrar's No. 36

210
1

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

1. PLACE OF DEATH
a. COUNTY: CHARITON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRUNSWICK RURAL
c. LENGTH OF STAY (in this place): 19 YEAR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RURAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRUNSWICK RURAL
d. STREET ADDRESS (If rural, give location): RURAL 0210

3. NAME OF DECEASED (Type or Print)
a. (First): BARNARD
b. (Middle):
c. (Last): LAUHOFF

4. DATE OF DEATH (Month) (Day) (Year): 11-10-1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER 2
8. DATE OF BIRTH: 4-20-1862
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: JOSEPH LAUHOFF
13b. MOTHER'S MAIDEN NAME: JANE KOSSE
14. NAME OF HUSBAND OR WIFE: WIDOWER

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 / ADDRESS: MRS. MIKE REICHERT BRUNSWICK 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 17 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis, general — 25 yrs.
DUE TO (c):

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: 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* Oct 24, 1951, *to* Nov 10, 1951, *that I last saw the deceased alive on* Nov 7, 1951, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. Stuart M.D.
23b. ADDRESS: Brunswick, Mo.
23c. DATE SIGNED: 11/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-13-1951
24c. NAME OF CEMETERY OR CREMATORY: ST. RAPHAEL
24d. LOCATION (City, town, or county) (State): INDIAN GROVE MO

DATE REC'D BY LOCAL REG.: 11-13-51
REGISTRAR'S SIGNATURE: Mildred Boone 56
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: L. M. Kessel Brunswick MO

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 2 7 195
DISTRICT HEALTH OFFICE #2
District File Number 11-51-21
Date Filed: NOV 2 7 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Signed L M Maciel

Signed .....
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Brunswick 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.