

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36888

State File No.

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Union</u>	
c. LENGTH OF STAY (in this place) <u>8 hours</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HANNAH</u> b. (Middle) <u>E.</u> c. (Last) <u>Soph</u>			4. DATE OF DEATH (Month), (Day) (Year) <u>Dec. 2, 1951</u>	
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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>April 26, 1867</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>		IF UNDER 10 HRS. Hours <u></u> Min. <u></u>	
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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>None</u>			11. BIRTHPLACE (State or foreign country) <u>Union</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>F. W. Reinhard</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline Dress</u>			14. NAME OF HUSBAND OR WIFE <u>Henry Soph</u>			Dec'd		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tena Reinhard</u>		ADDRESS <u>Union</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Discontinuity</u>						<u>48 hrs</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Arteriosclerosis</u> DUE TO (c) <u></u>						<u>15 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis of Throat - larynx</u> <u>o-pharynx</u>						<u>2 yrs</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331K</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		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 July, 1949, to 2 Dec, 1951, that I last saw the deceased alive on 2 Dec, 1951, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm K Richardson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Union, Missouri</u>		23c. DATE SIGNED <u>3 Dec 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Union, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 4, 1951</u>		REGISTRAR'S SIGNATURE <u>F. P. Huberman by L. B. Huberman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Union Funeral Home, Union</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 8 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

Harlan T. Johannsen

Signed.....

Student Embalmer

Licensed Embalmer No. 4488

P. O. Address Union, Missouri

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.