No. 300
10.48

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

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41234

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 41

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

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

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Martin
c. (Last): Modrow

4. DATE OF DEATH (Month): 12 (Day): 27 (Year): 51

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 2-24-1865
9. AGE (In years last birthday): 86 — 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): Germany
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Stephan Modrow
13b. MOTHER'S MAIDEN NAME: Fredericka Krueger
14. NAME OF HUSBAND OR WIFE: Anna Modrow

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Elizabeth Davis, Gasconade, Mo.

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) Cerebro vascular accident — 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)

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: 331 X
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* 12-26, 1951, *to* 12-27, 1951, *that I last saw the deceased alive on* 12-27, 1951, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl T. Shaw
(Degree or title): MD
23b. ADDRESS: Hermann, Missouri
23c. DATE SIGNED: 12-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/30/1951
24c. NAME OF CEMETERY OR CREMATORY: Fredericksburg Cem.
24d. LOCATION (City, town, or county) (State): Fredericksburg, Mo.

DATE REC'D BY LOCAL REG.: 12/29/51
REGISTRAR'S SIGNATURE: O. M. Mundwiller
25. FUNERAL DIRECTOR'S SIGNATURE: Hugo H. Plumer
ADDRESS: Hermann, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 31 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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..... Hugo H. Blumer

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.