

STANDARD CERTIFICATE OF DEATH

41238

FILED JAN 5 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 38

3370

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roark Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roark Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Her Residence</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles N.W. Of Berger, Mo</u>	

3. NAME OF DECEASED a. (First) <u>LISETTE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>HUG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>15</u> <u>1951</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>1-27-1865</u>		9. AGE (In years last birthday) <u>86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Berger, Mo. 0</u>	
13a. FATHER'S NAME <u>Wilhelm Witthaus</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah M. Boemer</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Hug, Sr.</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Benjamin Hug, Hermann, Mo. R.F.D.</u>	
-----------------------------------------------------------------------------------------------------------------------	--	----------------------------------------	--	---------------------------------------------------------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs</u> <u>20 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	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 <u>334X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 Dec. 14, 1951, to _____, 19____, that I last saw the deceased alive on Dec. 14, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. G. Peter 2 M.D.</u>		23b. ADDRESS <u>Hermann Mo.</u>		23c. DATE SIGNED <u>12/17/51</u>	
---------------------------------------------	--	------------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-18-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's E&R Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Berger, Mo</u>	
------------------------------------------------------------	--	--------------------------------	--	---------------------------------------------------------------------	--	--------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>12/17/51</u>		REGISTRAR'S SIGNATURE <u>William D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Blumer, Berger, Mo.</u>	
---------------------------------------------	--	------------------------------------------------	--	------------------------------------------------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 31 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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Gustav W. Duta*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.