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10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42071

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4242 Registrar's No. 91

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HILLSBORO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION CEDAR GROVE NURSING HOME		d. STREET ADDRESS (If rural, give location) NEAR IMPERIAL MO	

3. NAME OF DECEASED (Type or Print)	a. (First) JACOB	b. (Middle) WOERTENBERG	c. (Last) WOERTENBERG	4. DATE OF DEATH: (Month) (Day) (Year) DEC. 17 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN 16 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JOSEPH WOERTENBERG	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE HANNIE RITTEL DEC.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS LULL HAEFNER IMPERIAL MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease, myocardial insufficiency, generalized arteriosclerosis.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility. 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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Dec 1**, 1951, to **Dec 17**, 1951, that I last saw the deceased alive on **Dec 17**, 1951, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.	23b. ADDRESS Desoto, mo	23c. DATE SIGNED 12-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC 20 1951	24c. NAME OF CEMETERY OR CREMATORY BURGESS	24d. LOCATION (City, town, or county) (State) ANTONIA MO
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DATE REC'D BY LOCAL REG. 12-18-51	REGISTRAR'S SIGNATURE Kathleen Marden 141-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME
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DATE RECEIVED 12-28-21
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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.

Student _____
Student Embalmer

Signed *Elmer H. Hightag*

Licensed Embalmer No. *3571*

P. O. Address *Kimmerich 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.