

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3773

State File No.

FILED JAN 15 1952

BIRTH NO. 43141 REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6336 Registrar's No. 1

1090

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

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Charrette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Charrette</u>	
c. LENGTH OF STAY (in this place) <u>6 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mi. West Peers Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I mi. West Peers Mo.</u>			

3. NAME OF DECEASED a. (First) <u>Linda</u> b. (Middle) <u>Marie</u> c. (Last) <u>Hellebusch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1952</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>Never married</u>	8. DATE OF BIRTH <u>June 28, 1951</u>	9. AGE (In years last birthday) <u>X</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 1 HR. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Glennon Hellebusch</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Rose Ballmann</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>Glennon Hellebusch</u>	ADDRESS <u>Peers, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Strangulation due to Convulsion</u>		
	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>H91X</u>	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.) <u>Peers</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warren Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at Peers, Mo. from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. G. H. Krueger (Coroner)</u>	(Degree or title)	23b. ADDRESS <u>208 Main</u>	23c. DATE SIGNED <u>Jan 5 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ignatius</u>	24d. LOCATION (City, town, or county) (State) <u>Concord Hill Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 6/52</u>	REGISTRAR'S SIGNATURE <u>H. C. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. ...</u>	ADDRESS <u>Marthasville, Mo.</u>
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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.

Student
Student Embalmer

Signed *Delmont F. Lechtenberg*.....

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.