

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21601

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 418

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. CITY (If outside corporate limits, write RURAL and give township) Flint Hill	
c. LENGTH OF STAY (In this place) 2 1/2 hr		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Makenewerth			4. DATE OF DEATH (Month) (Day) (Year) June 15 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug 12 1890		9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Days 10 Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Old Monroe Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Arnold Makenewerth		13b. MOTHER'S MAIDEN NAME Elizabeth Fusterbrock		14. NAME OF HUSBAND OR WIFE Lucy Burkemper	
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 Lucy Burkemper Makenewerth ADDRESS Flint Hill Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion - Infarction		ANTECEDENT CAUSES		4 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Atherosclerosis		?	
DUE TO (c) Obesity		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		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) 4201	
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?	

22. I hereby certify that I attended the deceased from **June 14, 1952**, to **June 15, 1952**, that I last saw the deceased alive on **June 15, 1952**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joe Jumper M.D. (Degree or title)		23b. ADDRESS St Charles Mo		23c. DATE SIGNED 6-18-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 18-52		24c. NAME OF CEMETERY OR CREMATORY St Theodor's Cemetery		24d. LOCATION (City, town, or county) (State) Flint Hill - Mo	
DATE REC'D BY LOCAL REG. 6-22-52		REGISTRAR'S SIGNATURE Wm H. Houser		25. FUNERAL DIRECTOR'S SIGNATURE E. Pitman		ADDRESS Funeral Home	

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.

Signed Annetta M. Pittman

Signed
Student Embalmer

Licensed Embalmer No. 3055

P. O. Address Westville, 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.