S. No. 300
v. 10.48

,360

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

27683

State File No. .....

SEP 2 1952

BIRTH NO. ____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 542 Registrar's No. 23

**1. PLACE OF DEATH**
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LYON
c. LENGTH OF STAY (In this place): 50YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION: His Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - LYON 0360
d. STREET ADDRESS (If rural, give location): 2 MILES N OF BEAUFORT

**3. NAME OF DECEASED** (Type or Print)
a. (First): OSCAR
b. (Middle): HERMAN
c. (Last): DREINHOEFER

**4. DATE OF DEATH** (Month) 8 (Day) 25 (Year) 52

**5. SEX**: M
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: 5-1-1887
**9. AGE** (In years last birthday): 65 — 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): FARMER
**10b. KIND OF BUSINESS OR INDUSTRY**: FARMING
**11. BIRTHPLACE** (State or foreign country): MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: HENRY J. DREINHOEFER
**13b. MOTHER'S MAIDEN NAME**: CAROLINE BIERMANN
**14. NAME OF HUSBAND OR WIFE**: ANNA DREINHOEFER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): NONE
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: HENRY DREINHOEFER — ADDRESS: BEAUFORT MO

**MEDICAL CERTIFICATION**

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH: Mo

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary occlusion — minutes
DUE TO (c) Coronary thrombosis

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**: 4201
**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* 8-21, 1952, *to* 8-23, 1952 *that I last saw the deceased alive on* 8-23, 1952, *and that death occurred at* 10:2 m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: G. L. Matthews (Degree or title) MD
**23b. ADDRESS**: Beaufort Mo
**23c. DATE SIGNED**: 8-25-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 8-28-52
**24c. NAME OF CEMETERY OR CREMATORY**: Methodist Cemetery
**24d. LOCATION** (City, town, or county) (State): LESUE Missouri

DATE REC'D BY LOCAL REG.: 8-28-52
REGISTRAR'S SIGNATURE: G. L. Matthews
**25. FUNERAL DIRECTOR'S SIGNATURE**: E. Meyer — ADDRESS: Gerald Mo

95-0

(Licensed Embalmer's Statement on Reverse Side)

OCT 6 1952

## 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 Stanley E. Meyer

Licensed Embalmer No. X 639

P. O. Address Gerald Mo

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

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