

THE DIVISION OF HEALTH OF MISSOURI
FILED NOV 13 1952 STANDARD CERTIFICATE OF DEATH

34543

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5304 Registrar's No. 272

1. PLACE OF DEATH
a. COUNTY Cole County, Mo.
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Osage Township c. LENGTH OF STAY (in this place) 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Cole
c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City Rural Osage Townsh
d. STREET ADDRESS (If rural, give location) Jefferson City, R. R., Mo. 8 1260

3. NAME OF DECEASED
a. (First) Jacob b. (Middle) John c. (Last) Heinrich
4. DATE OF DEATH (Month) (Day) (Year) Oct 26 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Sept. 5th 1862 9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 1 Days 21 IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Millbrook, Mo. Cole County U.S. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Heinrich 13b. MOTHER'S MAIDEN NAME Dora Herbich 14. NAME OF HUSBAND OR WIFE Margaret Heinrich

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 Mrs. Theo. Englebrecht ADDRESS Russell, Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchitis
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) XX
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. XX

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES NO 500X

21a. ACCIDENT SUICIDE HOMICIDE (Specify) X 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXXXX

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Illness

22. I hereby certify that I attended the deceased from Nov 15, 1951, to Oct 26, 1952, that I last saw the deceased alive on Oct 25, 1952, and that death occurred at 6:50 AM from the causes and on the date stated above.

23a. SIGNATURE Geo H. Schubert (Degree or title) MD 23b. ADDRESS P.O. Box No. 75, Eugene, Mo. 23c. DATE SIGNED 10/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 28, '52 24c. NAME OF CEMETERY OR CREMATORY Stringtown, Mo. 24d. LOCATION (City, town, or county) (State) Lohman, R.R., Mo.

DATE REC'D BY LOCAL REG. Nov. 12-1952 REGISTRAR'S SIGNATURE R.P. Norris MD - RP 68 25. FUNERAL DIRECTOR'S SIGNATURE Geo H. Schubert ADDRESS Russell, Mo.

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

APR 26 1953

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. 2820

working under my personal supervision.

Student
Student Embalmer

Signed Kemp N. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, 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.