No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 754

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 25

1. PLACE OF DEATH

a. COUNTY: COLE

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY

c. LENGTH OF STAY (In this place): 1 HOUR

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHAS E. STILL OSTEO. HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MO

b. COUNTY: OSAGE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WESTPHALIA 0160

d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) EMIL b. (Middle) HERMAN c. (Last) JOHANNESMEYER

4. DATE OF DEATH: (Month) JAN (Day) 19 (Year) '53

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: JAN. 24 1910

9. AGE (In years last birthday): 43 — 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): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: HATCHERY

11. BIRTHPLACE (City and State or Foreign Country): WESTPHALIA, MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: MARTIN JOHANNESMEYER

13b. MOTHER'S MAIDEN NAME: ELIZ. HOER

14. NAME OF HUSBAND OR WIFE: —

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: Martin Johannesmeyer — ADDRESS: Westphalia 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) MEDULLARY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CEREBRAL HEMORRHAGE

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: NONE

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* Jan 19, 1953 *to* Jan 19, 1953 *that I last saw the deceased alive on* Jan 19, 1953 *and that death occurred at* 7:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Moore (Degree or title) DO

23b. ADDRESS: Argyle, Mo

23c. DATE SIGNED: Jan 19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 22, 1953

24c. NAME OF CEMETERY OR CREMATORY: St Joseph

24d. LOCATION (City, town, or county) (State): Westphalia Mo

DATE REC'D BY LOCAL REG.: Jan 24-1953

REGISTRAR'S SIGNATURE: R. P. Harris MD MR

25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Hulle — ADDRESS: J C Mo.

(Licensed Embalmer's Statement on Reverse Side)

68-0

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 Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.