

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2289

State File No.

FILED FEB 9 1953

REG. DIST. NO. 230. PRIMARY REG. DIST. NO. 5810 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Rural--Loutre Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural 0-Loutre Twp. 0705	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/4 mi. S. of McKittrick		d. STREET ADDRESS (If rural, give location) 1/4 mile S. of Mc Kittrick	
3. NAME OF DECEASED (Type or Print)	a. (First) Otto	b. (Middle) Daniel	c. (Last) Sandmeyer
4. DATE OF DEATH (Month) (Day) (Year) Jan 29 53			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 17, 1887
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Morrison, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Sandmeyer		13b. MOTHER'S MAIDEN NAME Rieka Thee	
14. NAME OF HUSBAND OR WIFE Lucile Sandmeyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Milton Wohlt, Hermann, Mo.		ADDRESS Hermann, 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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERNAL BETWEEN ONSET AND DEATH 0
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial hypertension			15 yrs
DUE TO (c) Arteriosclerosis			15 yrs
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 331X		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 2-15, 1949 , to 1-29, 1953 , that I last saw the deceased alive on 1-15, 1953 , and that death occurred at 7 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Cavel T. Shaw, M.D.		23b. ADDRESS Hermann, Missouri	23c. DATE SIGNED 2-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-7-53	24c. NAME OF CEMETERY OR CREMATORY Methodist Big Spring	24d. LOCATION (City, town, or county) (State) New Florence, RFD Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-7-53 Mrs. Eunice Bush	REGISTRAR'S SIGNATURE 432-0		25. FUNERAL DIRECTOR'S SIGNATURE Hugo H. Shuman ADDRESS Hermann, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 3160.....

P. O. Address Hermann, 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.