

FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4624

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give town) Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) Warrenton 1090	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) August c. (Last) Handlang		4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1953	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 7	8. DATE OF BIRTH Aug. 16, 1871
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Warren County, Mo. 0
10b. KIND OF BUSINESS OR INDUSTRY Own farm		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME August Handlang		13b. MOTHER'S MAIDEN NAME Louise Studenbrock	
14. NAME OF HUSBAND OR WIFE Anna P. Handlang, decd.			
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 Lorenz Handlang, Warrenton, Mo.		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary bilateral Hypertension ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage Renal DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 3.31X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1947, to Jan 1, 1953, that I last saw the deceased alive on Jan 1, 1953 and that death occurred at 4 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Donald J. Holtschke MD		23b. ADDRESS Warrenton, Mo. 1-3-53	
23c. DATE SIGNED 1-3-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-3-53	
24c. NAME OF CEMETERY OR CREMATORY Lippstadt Church Cem.		24d. LOCATION (City, town, or county) (State) Warren County, Mo.	
DATE REC'D BY LOCAL REG. 1-3-53		REGISTRAR'S SIGNATURE Floyd Logan 421-0	
25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co., Warrenton, Mo.		ADDRESS	

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

1090  
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*John J. Hebing*

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, Or.*

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.