

FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4633

BIRTH NO. _____		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 4531		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before registration) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton, Mo.		c. LENGTH OF STAY (in this place) 7 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann, Mo.		0371	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katy Jane Nursing Home				d. STREET ADDRESS (If rural, give location) Warrenton, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Sophia		b. (Middle) Mary		c. (Last) Stoenner		4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 30, 1878	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		10. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Higginsville, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Herman Rabius		13b. MOTHER'S MAIDEN NAME Sophia Abwisch		14. NAME OF HUSBAND OR WIFE Henry Stoenner			
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 ADDRESS Wallace Stoenner 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Ventricle occluded DUE TO (c) Intercerebral generalized hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hr 9 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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) (m.)		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 May 1, 1952, to Jan 10, 1953, that I last saw the deceased alive on Jan 9, 1953, and that death occurred at 6 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Walter D. Abwisch, M.D.</i>				23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED 1-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 10/53		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Hermann, Mo. (State)	
DATE REC'D BY LOCAL REG. 1-10-53		REGISTRAR'S SIGNATURE <i>Floyd Logan</i>		25. GENERAL DIRECTOR'S SIGNATURE <i>W. R. Ruediger</i>		ADDRESS Hermann, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1090
4

MAR 7 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

working under my personal supervision.

Student Embalmer No.....

Signed

E. Ruediger

Signed.....
Student Embalmer

Licensed Embalmer No. 2044

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.