

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16868**

FILED APR 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **363** PRIMARY REG. DIST. NO. **8236** Registrar's No. **47**

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

1. PLACE OF DEATH a. COUNTY <b>WARREN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>WARREN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL Charrette</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL CHARRETTE</b>	
c. LENGTH OF STAY (in this place) <b>12 yrs.</b>		1090 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Five miles east of Marthasville</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b>		b. (Middle) <b>FREDERICK</b>	
c. (Last) <b>HIN NAH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 23 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 22 1875</b>	
9. AGE (in years last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain Farm</b>	
11. BIRTHPLACE (State or foreign country) <b>Marthasville</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Herman H. Hinnah</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhemine Bierbaum</b>	
14. NAME OF HUSBAND OR WIFE <b>Clara Hinnah</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Harley G. Hinnah</b>		ADDRESS <b>586 E. Big Bend Rd. Kirkwood Mo.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cor Myocarditis</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Cor Nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>	
DUE TO (b)		<b>4 yr</b>	
DUE TO (c)			
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 <b>592x</b>	
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) (Min.)		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 <b>Jan 1950</b> , to <b>April 23, 1953</b> , that I last saw the deceased alive on <b>April 22, 1953</b> , and that death occurred at <b>11:09 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. C. Johnson M.D.</b>		23b. ADDRESS <b>Marthasville</b>	
23c. DATE SIGNED <b>4/25/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 24, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marthasville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4/25/53</b>		REGISTRAR'S SIGNATURE <b>H. C. Johnson</b>	
334		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. F. Lechtenberg</b>	
		ADDRESS <b>Marthasville, Mo.</b>	

**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 *D. F. Lichtenberg*

Licensed Embalmer No. *4318*

P. O. Address *Northasville*

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.