

STANDARD CERTIFICATE OF DEATH

State File No. **21244**

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **4188** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville	
c. LENGTH OF STAY (in this place) 41 yrs.		d. STREET ADDRESS (If rural, give location) 308 W. Lincoln	

3. NAME OF DECEASED (Type or Print) Edward Theodor Nolte		4. DATE OF DEATH June 19, 1953	
a. (First) Edward b. (Middle) Theodor c. (Last) Nolte		5. SEX male 6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 10, 1888	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	
11. BIRTHPLACE (City and State or Foreign Country) Owensville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mary L. Muskot		14. NAME OF HUSBAND OR WIFE Hermina Buchholz Nolte	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-03-8379		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edw. Nolte ADDRESS Owensville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 Hrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		ANTECEDENT CAUSES		DUE TO (b) Chronic myocardial degeneration 2 yrs.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 4201		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 **6-19, 1953**, to **6-19, 1953**, that I last saw the deceased alive on **6-19, 1953** and that death occurred at **3:45 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Paula Brunst, M.D. (Degree or title)		23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 6-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-22-1953		24c. NAME OF CEMETERY OR CREMATORY Ev. & Ref. Cemetery	
24d. LOCATION (City, town, or county) (State) Owensville, Mo.					

DATE REC'D BY LOCAL REG. June 22, 1953		REGISTRAR'S SIGNATURE Mrs. Maxine Jappmeyer		25. FUNERAL DIRECTOR'S SIGNATURE Walter H. H. Winter ADDRESS OWENSVILLE	
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(Licensed Embalmer's Statement on Reverse Side)

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

370

0370

170.

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.