

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22345**

FILED JUN 29 1953

BIRTH NO.

REG. DIST. NO. **260**PRIMARY REG. DIST. NO. **5884**Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage	
b. CITY (If inside corporate limits, write RURAL and give township) OR TOWN Coletztown, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koeltztown, Mo. (Rural)	
c. LENGTH OF STAY (In this place) 60 Yrs		d. STREET ADDRESS (If rural, give location) Washington, Twp 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Loehner c. (Last) Loehner			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1880
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR (Months) 2	11. UNDER 1 MRS. (Days) (Hours) 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Westphalia, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Peter Brune		13b. MOTHER'S MAIDEN NAME Elizabeth Richter	14. NAME OF HUSBAND OR WIFE Henry Loehner
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 Henry Loehner Koeltztown, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 4222	
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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A m., from the causes and on the date stated above.			
23a. SIGNATURE Evelyn Moore, Coroner (Degree or title)		23b. ADDRESS Lincoln, Mo.	23c. DATE SIGNED 6-9-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE June 12, 1953	24c. NAME OF CEMETERY OR CREMATORY St. Boniface	24d. LOCATION (City, town, or county) (State) Koeltztown, Mo.
DATE REC'D BY LOCAL REG. 6-22-53	REGISTRAR'S SIGNATURE Mrs. H. A. Moore	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Diller	ADDRESS J. C. 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.....

Sylvester Quille

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City, 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.