V.S. No. 300
REV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38714

BIRTH NO. FILED DEC 8 1953 REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. .....

0360

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Central
c. LENGTH OF STAY (in this place) years-
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union - R.R #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Central 0360
d. STREET ADDRESS (If rural, give location) Union - R.R #2 0

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) M c. (Last) Hackelmann

4. DATE OF DEATH (Month) (Day), (Year) Dec. 2 - 53

5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | 8. DATE OF BIRTH 9-23-1870 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 2 Days 9 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Swiss. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Schudegger
13b. MOTHER'S MAIDEN NAME Christen Ball
14. NAME OF HUSBAND OR WIFE Ind-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Hugo Hackelmann. Union R#2

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) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 years-

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Hypertension, 20 years

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 443X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* June 1951, to 12-2-, 1953, *that I last saw the deceased alive on* 12-1-, 1953 *and that death occurred at* 8 a- m., *from the causes and on the date stated above.*

23a. SIGNATURE W. E. Mitchell M.D. (Degree or title)
23b. ADDRESS St. Clair - Mo
23c. DATE SIGNED 12/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-4-53
24c. NAME OF CEMETERY OR CREMATORY Union Cemetery
24d. LOCATION (City, town, or county) (State) Franklin - Co.

DATE REC'D BY LOCAL REG. 12-4-53
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Kitchell St Clair 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 Sherwood A Mitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.