

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1802

State File No.

FILED JAN 25 1954

BIRTH NO.		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4349</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JEFFERSON</u>		b. CITY (If outside corporate limits, write RURAL and give townshp) <u>HILLS BORO</u>		a. STATE <u>MO</u>		b. COUNTY <u>Jefferson</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		OR TOWN <u>ROCK</u>		<u>0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEAR GROVE NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>R 21 ROCK CREEK</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BARNEY</u>		b. (Middle)		c. (Last) <u>KONERT</u>	
4. DATE OF DEATH		(Month) <u>JAN</u>		(Day) <u>8</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>OCT 25 1878</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Maxwell, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>IDA CECILIA KONERT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CECILIA KESSLER</u>			
				ADDRESS <u>5431 HOLLY HILLS</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral arteriosclerosis with probable thrombosis of brain stem.</u>				<u>Unknown</u>	
		ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (c) <u>Generalized arteriosclerosis.</u>					
		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				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) 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 <u>Jan 6</u> , 19 <u>54</u> , to <u>Jan 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 7</u> , 19 <u>54</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>				23b. ADDRESS <u>Desoto, MO.</u>		23c. DATE SIGNED <u>1-9-54.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/11/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROCK CREEK</u>		24d. LOCATION (City, town, or county) (State) <u>ROCK CREEK MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-9-54</u>		REGISTRAR'S SIGNATURE <u>Kathleen Maraden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fisher Funeral Home</u>		ADDRESS <u>London MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JAN 23 1954

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 Harold J. Mahan

Licensed Embalmer No. 4326

P. O. Address Hillsboro, 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.