

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN R.P. 2</u>		b. COUNTY <u>FRANKLIN</u>	
c. LENGTH OF STAY (in this place) <u>27 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN, MO. 0360</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>RURAL R. #2</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE #2 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>KUNIGUNDA</u>	c. (Last) <u>HERMANN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21, 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 30, 1878</u>	9. AGE (In years last birthday) <u>75</u>	# UNDER 1 YEAR <u>11</u>	# UNDER 1 MONTH <u>21</u>	# UNDER 1 HOUR <u></u>	# UNDER 1 MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN REISEL</u>	13b. MOTHER'S MAIDEN NAME <u>KUNIGUNDA RAUCH</u>	14. NAME OF HUSBAND OR WIFE <u>LOUIS HERMANN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. AUGUST SCHEBAUM SULLIVAN</u>	ADDRESS <u>SULLIVAN</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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 <u>443 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Jan. 1952, 1952, to May 21, 1954, that I last saw the deceased alive on May 21, 1954, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R.P. Royce M.D.</u> (Degree or title)	23b. ADDRESS <u>Sullivan Mo.</u>	23c. DATE SIGNED <u>5/25/54.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/23/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MISSOURI</u>
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DATE, REC'D BY LOCAL REG. <u>5/24/54</u>	REGISTRAR'S SIGNATURE <u>Thomas A. Dempsey</u>	496-	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Wheaton</u>	ADDRESS <u>Sullivan, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0360

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.