

No. 300
10.48

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22650

State File No.

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ROCK TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BULVARE TWP</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 yr</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. N. of BAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRENCH VALLEY NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSUA</u>		b. (Middle)		c. (Last) <u>HAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 14 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MARCH 6 - 1878</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BAY MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US.</u>		13a. FATHER'S NAME <u>MARTIN HAIN</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE HULTENMEIER</u>		14. NAME OF HUSBAND OR WIFE <u>GEO. W. WITTE</u>	

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>GEO. W. WITTE</u>		ADDRESS <u>BAY MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis</u> DUE TO (c) <u>Malnutrition - 7 mos? 3-4 wks.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		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 July 4, 1954, to July 14, 1954, that I last saw the deceased alive on July 14, 1954, and that death occurred at 9:00 P. M. from the causes and on the date stated above.

23a. SIGNATURE <u>John P. Ryan M.D.</u> (Degree or title)		23b. ADDRESS <u>Hermann Mo</u>		23c. DATE SIGNED <u>7-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/17/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>BAY MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>August Hermann</u>		ADDRESS <u>MO</u>	

DATE REC'D BY LOCAL REG. <u>7-16-54</u>		REGISTRAR'S SIGNATURE <u>Delma Gerken</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>August Hermann</u>		ADDRESS <u>MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 10 1955

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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

Hugot Deener

Licensed Embalmer No. 3160

P. O. Address *Herrmann 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.

1955