

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28520

State File No.

FILED SEP 2 1954

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY OR TOWN ROLLA (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN BELLE	4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 week		• STREET ADDRESS (If rural, give location) 0760	
d. FULL NAME OF HOSPITAL OR INSTITUTION PHELPS COUNTY HOSP			

3. NAME OF DECEASED (Type or Print)	a. (First) ANNA	b. (Middle) S.	c. (Last) HORSTMANN	4. DATE OF DEATH (Month) (Day) (Year) AUG 26th 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH APRIL 14th 1895	9. AGE (In years last birthday) 59	10. MONTHS 1	11. DAYS 59	12. HOURS 	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC	10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPER	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI (Osage County)	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FRED HORSTMANN	13b. MOTHER'S MAIDEN NAME JOHANNA JANNICK	14. NAME OF HUSBAND OR WIFE never married
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Albert Horstmann, Bland, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asotemia, terminal		7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular failure, total		7 days
	DUE TO (c) Malignant essential hypertension		6 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, general		6 months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4x2 X	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)
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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?
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22. I hereby certify that I attended the deceased from 8-11, 1954, to 8-26, 1954, that I last saw the deceased alive on Aug 26, 1954, and that death occurred at 11:55 PM from the causes and on the date stated above.

23a. SIGNATURE F. L. Kozal M.D. (Degree or title)	23b. ADDRESS Belle, Mo.	23c. DATE SIGNED 8-28-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 29-54	24c. NAME OF CEMETERY OR CREMATORY Zions. Evangelical	24d. LOCATION (City, town, or county) (State) Bland, Mo.
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DATE REC'D BY LOCAL REG. Aug 28, 1954	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Chas. S. ... ADDRESS Bland, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

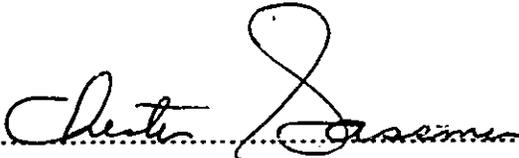
No. 300
10-48

County File Number _____
Date Filed **SEP 1 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 _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4178

P. O. Address Baldwin

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**