

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36307

State File No. _____

FILED NOV 8 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>363</u>		PRIMARY REG. DIST. NO. <u>6236</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Pocahontas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Charrette</u>			c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Pomery</u>		<u>814 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emmaus Home</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Emma</u>		b. (Middle) <u>Emilie</u>		c. (Last) <u>Moench</u>	
4. DATE OF DEATH		<u>October 28, 1954</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 13, 1888</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pomery Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Otto Moench</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Grezwatz</u>		14. NAME OF HUSBAND OR WIFE <u>None</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 ADDRESS <u>John G. Ruhl, Marthasville, Missouri</u>			
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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chl. Nephritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 hr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Marthasville, Warren, Mo.</u>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Oct. 18, 1954</u> , to <u>Oct 28, 1954</u> that I last saw the deceased alive on <u>Oct 26, 1954</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. C. Johnson M.D.</u>				23b. ADDRESS <u>Marthasville, Mo.</u>		23c. DATE SIGNED <u>10/28/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 29, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Unknown</u>		
DATE REC'D BY LOCAL REG. <u>Oct 29/54</u>		REGISTRAR'S SIGNATURE <u>J. C. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. ...</u>		ADDRESS <u>Marthasville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1090
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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 Robert F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Northwell, Pa

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.