

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36311

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6336 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Holstein	c. LENGTH OF STAY (in this place) 8 months	c. CITY OR TOWN near Treloar	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		No. STREET ADDRESS (If rural, give location) Pinckney township 1090	

3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) W. c. (Last) Tempel			4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 2, 1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 3 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Adolph Tempel	13b. MOTHER'S MAIDEN NAME Louise Offel	14. NAME OF HUSBAND WIFE Emma Louise Schroer, decd.			
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 ADDRESS Mrs. Walter Nienkamp, Treloar, Mo.			

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, asthenia, etc. It means the disease, injury, or complication, which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranial Malacia			INTERVAL BETWEEN ONSET AND DEATH 5 m	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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			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.) Holstein Warren Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warren Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. H. Knigge (Degree or title)		23b. ADDRESS Warrenton Mo		23c. DATE SIGNED Oct 15 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-18-54	24c. NAME OF CEMETERY OR EXHUMATORY Smiths Creek Meth. Church,	24d. LOCATION (City, town, or county) (State) near Treloar, Mo.		
DATE REC'D BY LOCAL REG. Oct 16/54	REGISTRAR'S SIGNATURE H C Johnson 334	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W.Nieburg & Co., Warrenton, Mo.			

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

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 *John J. Heberg*.....
Licensed Embalmer No... *389*.....

P. O. Address *Warrenton*.....

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.