

FILED FEB 23 1955

STANDARD CERTIFICATE OF DEATH

State File No. 5908

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St Clair</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		c. LENGTH OF STAY (in this place) <u>19 days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. Lett Memorial Hospital</u>	
a. STATE <u>Mo.</u>		b. COUNTY <u>Henry</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Montrose</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. AGE (In years last birthday)	
a. (First) <u>Henry</u>	b. (Middle) <u>Herman</u>	c. (Last) <u>Willenbring</u>	(Month) <u>Feb.</u>	(Day) <u>12</u>	(Year) <u>1955</u>	IF UNDER 1 YEAR	IF UNDER 2 HRS.
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIAGE STATUS <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 30-1868</u>	9. AGE (In years last birthday) <u>86</u>	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Oldenburg, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Antone Willenbring</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Willenbring</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Alvin B Willenbring, Montrose</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>				<u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				18 days	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Ex neck of femur - left</u>					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				years	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized atherosclerosis</u>					
19a. DATE OF OPERATION <u>9 Feb 55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ex neck of left femur</u>				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 <u>Jan 24, 1955</u> , to <u>Feb 12, 1955</u> , that I last saw the deceased alive on <u>Feb 12, 1955</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>K. A. Slickman</u>				23b. ADDRESS <u>Appleton City, Mo.</u>		23c. DATE SIGNED <u>Feb 14 '55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 15-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 14, 1955</u>		REGISTRAR'S SIGNATURE <u>Olso Abney</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin L. Janssen</u>		ADDRESS <u>Appleton City</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Melvin L. Janssen*

Licensed Embalmer No. *4529*

P. O. Address *Appleton City*

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.