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

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21737**

BIRTH NO. 86423 54 REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>	
c. LENGTH OF STAY (in this place) <u>about 7</u>		d. STREET ADDRESS (If rural, give location) <u>207 a N. First Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207a N. First Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lonnie</u> b. (Middle) <u>Lou</u> c. (Last) <u>Hohenstreet</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6, 1955</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Dec. 8, 1954</u>		9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR: Months <u>28</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <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>Washington, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Hyde Hohenstreet</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothaleen Jackson</u>	
13c. NAME OF HUSBAND OR WIFE <u>none</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>***</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hyde Hohenstreet Owensville, 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>Hyper-tension + Angiodysplasia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 Mo</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic</u>			
		DUE TO (c) <u>2981</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>March 25</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cervix, Spleen</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>1</u>		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 birth, 1954, to 7-6, 1955, that I last saw the deceased alive on 7-5, 1955, and that death occurred at 11:00 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Schmidt, M.D.</u>		23b. ADDRESS <u>General</u>		23c. DATE SIGNED <u>7-6-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-7-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Bland, Mo.</u>	

DATE REC'D BY LOCAL REG <u>July 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maurin Jappin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilford H. Winter OWENSVILLE</u>	
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.