

FILED JUL 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21740

State File No.

23

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5443</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ROARK TWP</u>		c. LENGTH OF STAY (In this place) <u>5 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>RURAL ROARK TWP</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. EAST of HERMANN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. EAST of HERMANN</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. EAST of HERMANN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARMIN</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>LOEHNIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 14-1955</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY-5-1897</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
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 <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HERMANN Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>OSCAR W. LOEHNIG</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE SCHWEERKOEITING</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE LOEHNIG</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>722-01-5609</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS MARIE LOEHNIG HERMANN Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUN SHOT WOUND IN CHEST.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accidentally shot in woods-hunting by himself - 9/91</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>ROARK TWP GASCONADE Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14-1955 8:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>WET-FELL CARRYING GUN</u>			
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 <u>8:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugost Deumer Coronado</u>				23b. ADDRESS <u>HERMANN Mo</u>		23c. DATE SIGNED <u>7-14-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HERMANN City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>HERMANN Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-15-55</u>		REGISTRAR'S SIGNATURE <u>Wella Herken 492</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugost Deumer HERMANN Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0370

7-11-1917

STATEMENT BY LICENSED EMBALMER

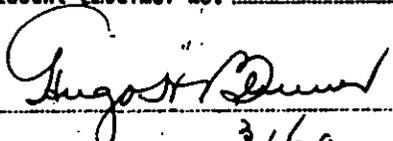
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3160

P. O. Address Herrman Mo

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.