No. 300
0.48

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

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22707

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN: Phillipsburg
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Rural Route # 1

0530

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle): Carrie
c. (Last): Kathner

4. DATE OF DEATH (Month) (Day) (Year): July 17, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 29, 1873
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months 6 Days 18
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Adam Stenzinger
13b. MOTHER'S MAIDEN NAME: Adelheid Fauce
14. NAME OF HUSBAND OR WIFE: Adolph G. Kathner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Anna Kathner
ADDRESS: Phillipsburg, 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) Pneumonia, Bronchial — INTERVAL BETWEEN ONSET AND DEATH: 72 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Chronic myocarditis — 6 years.

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: 4222
20. AUTOPSY? YES ☐ 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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/15, 1955, *to* 7/17, 1955, *that I last saw the deceased alive on* 7/16, 1955, *and that death occurred at* 7:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Johnson (Degree or title) M.D.
23b. ADDRESS: Lebanon, Mo
23c. DATE SIGNED: 7-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/20/55
24c. NAME OF CEMETERY OR CREMATORY: Lonesome Hill Cemetery
24d. LOCATION (City, town, or county) (State): Laclede County, Mo.

DATE REC'D BY LOCAL REG.: 7-19-1955
REGISTRAR'S SIGNATURE: Ella L. Clay
25. FUNERAL DIRECTOR'S SIGNATURE: Holman Funeral Home
ADDRESS: Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received 7/25/55

Laclede County Health Unit

File No. 115

Date Filed 7/25/55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Darsey M. Howe

Licensed Embalmer No. 42

P. O. Addre Lebano

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.