

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32611**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **307**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 Weeks		e. STREET ADDRESS (If rural, give location) 1115 W High	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) CAROLINE	b. (Middle) JOSEPHINE	c. (Last) HENTGES	OCT. 20, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 7 Days 1
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) St. Martins Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Distler	13b. MOTHER'S MAIDEN NAME Mary Brondel	14. NAME OF HUSBAND OR WIFE Nick Hentges
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y es, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Nick Hentges ADDRESS Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 40 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis		
	DUE TO (c) Cholelithiasis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystectomy and drainage			

19a. DATE OF OPERATION 10-5-55	19b. MAJOR FINDINGS OF OPERATION Dilatation common bile duct	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-16-55** to **9-20-55**, that I last saw the deceased alive on **10-20-55**, and that death occurred at **6 P** m., from the causes and on the date stated above.

23a. SIGNATURE John W. McHenry (Degree or title)	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 10/21/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/24/55	24c. NAME OF CEMETERY OR CREMATORY Resurrection
24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		

DATE REC'D BY LOCAL REG. 22 Oct 1955	REGISTRAR'S SIGNATURE R.P. Davis	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle ADDRESS J.C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 24 1965
1965

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.....

Sylvester Dulle

Licensed Embalmer No. 43

P. O. Address *Jefferson*

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.