No. 300
10.48

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17249

State File No.

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3052 Registrar's No. 212

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia / lifetime in County
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 East Second

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 0804 0
e. STREET ADDRESS (If rural, give location): 400 East Second

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): HENRY IMHAUSER
4. DATE OF DEATH (Month) (Day) (Year): May 11, 1956
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 27, 1876
9. AGE (In years last birthday): 79 | 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): Farmer retired
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (City and State or Foreign Country): Pettis County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Minnie Shafer Imhauser
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, ADDRESS: Henry Imhauser, Miami, Florida

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) NEPHRITIS CHRONIC,-
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (PROBABLY DUE TO ARTERIOSCLEROSIS)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 1.- SENILITY 2.- MALNUTRITION

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 446X
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): X
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]: X
21f. HOW DID INJURY OCCUR?: X

22. *I hereby certify that I attended the deceased from* Aug, 1955, *to* DEATH, 19__, *that I last saw the deceased alive on* MAY 3, 1956, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Karl B Gonser (Degree or title) MD
23b. ADDRESS: SEDALIA, Mo
23c. DATE SIGNED: 11 MAY 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/15/56
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Sedalia, Missouri

DATE REC'D BY LOCAL REG.: 5/15/56
REGISTRAR'S SIGNATURE: Lavina Evans Deputy
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Duane Evans Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

51
0

Dr. Gonser

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 R. E. Baker

Licensed Embalmer No 241

P. O. Address Sedal

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.