

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

23329

Registration District No. 118 Primary Registration District No. 5438 Registrar's No. 28

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, give TOWNSHIP only) OR TOWN <u>Brush Creek Twp.</u>		c. CITY OR TOWN <u>Owensville 0370</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Farm Home</u>		d. STREET ADDRESS (If outside, give location) <u>Owensville Rt. 3</u>	
Length of stay in lb <u>60 yrs.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Mathilda</u> Middle <u>Jane</u> Last <u>Enke</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>4</u> Year <u>1956</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 7, 1872</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		9b. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>homework</u>	
11. BIRTHPLACE (City and state or country) <u>Beemont, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William D. Schaefferkoetter</u>		14. MOTHER'S MAIDEN NAME <u>Sophia Hufford</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>none</u>	
17. INFORMANT <u>W. A. Enke</u>		Address <u>Owensville, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) <u>Myocardial failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>10 yrs.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4200</u>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) CITY, TOWN, OR LOCATION COUNTY STATE	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec. 1953</u> to <u>Aug. 1956</u> and last saw her alive on <u>Aug 1, 1956</u> Death occurred at <u>10:00 P. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. M. Keller</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Owensville, Mo.</u>	
22c. DATE SIGNED <u>8-6-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>8-7-1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. John's E & R Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Bem. Mo.</u>	
24. FUNERAL DIRECTOR <u>Wilford H H Winter</u>		25. DATE RECD. BY LOCAL REG. <u>August 7, 1956</u>	
ADDRESS <u>OWENSVILLE MO.</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin J. Appenye</u>	

(License Embellisher's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Myford H. Winter*.....

Licensed Embalmer No.3

P. O. Address *OWENSVILLE*.....

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