

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29804

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>66</u>		
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>				
b. CITY OR TOWN <u>Lutesville</u>		c. LENGTH OF STAY (in this place) <u>29 mo.</u>		c. CITY OR TOWN <u>LEOPOLD</u>		d. STREET ADDRESS (If rural, give location) <u>0090</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bond Nursing Home</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) <u>WILLHELMINA</u>			a. (First)		b. (Middle)		c. (Last) <u>Halloweg</u>	
4. DATE OF DEATH <u>9-13-56</u>		(Month) (Day) (Year)		5. SEX <u>F.M.</u>		6. COLOR OR RACE <u>W.</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>APR. 21, 1884</u>		9. AGE (in years last birthday) <u>72</u>		10. UNDER 1 YEAR Months		
11. BIRTHPLACE (State or foreign country) <u>LEOPOLD MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		
13a. FATHER'S NAME <u>Antoine Stoverink</u>		13b. MOTHER'S MAIDEN NAME <u>Antoinette</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Halloweg</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Macke, St. Louis, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic poison</u>		INTERVAL BETWEEN ONSET AND DEATH						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Capotic Renal Vasculare Disease</u> DUE TO (c) <u>Arteriosclerosis</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (M) (A) (P) (N)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				22. I hereby certify that I attended the deceased from <u>4/2</u> , 19 <u>50</u> to <u>9/13</u> , 19 <u>56</u> that I last saw the deceased alive on <u>9/12</u> , 19 <u>56</u> , and that death occurred at <u>9:00 P.</u> , from the causes and on the date stated above.		
23a. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Lutesville Mo.</u>		23c. DATE SIGNED <u>9/17/56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LEOPOLD MO</u>		
DATE REC'D BY LOCAL REG. <u>9-18-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crider</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u> ADDRESS <u>Lutesville, Mo</u>				

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

**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.

Signed \_\_\_\_\_

*R. O. Luning*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4538*

P. O. Address \_\_\_\_\_

*Jackson, Ms.*

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.