

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30343

STATE FILE NUMBER

FILED OCT 4 1956

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MA</u> b. COUNTY <u>GASCONADE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HERMANN</u>		Inside, Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>HERMANN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>222 W. 2ND ST</u>			Length of stay in 1b <u>68 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>222 W. 2ND ST</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HELENA</u> Middle <u>GASENA</u> Last <u>TEKATTE</u>				4. DATE OF DEATH Month <u>SEPT.</u> Day <u>23</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>JAN 19-1869</u>		9. AGE (In years last birthday) <u>87</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEHOLD</u>		11. BIRTHPLACE (City and state or country) <u>Rhineland MA</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>PETER BOSS</u>				14. MOTHER'S MAIDEN NAME <u>CATHERINE REYMER</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 Address <u>HERMANN MA</u> <u>SELMA SCHULENBERG</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>ARTERIOSCLEROTIC HEART DISEASE</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>9-18-56</u> to <u>9-23-56</u> and last saw her alive on <u>9-22-56</u> Death occurred at <u>3:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>George M. Warkman MD. HERMANN, MO</u>				22b. ADDRESS		22c. DATE SIGNED <u>9-24-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9/25/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. GEORGE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>HERMANN MA</u>		
24. FUNERAL DIRECTOR <u>HUGO H. BLUMER</u> ADDRESS <u>HERMANN MO</u>			25. DATE RECD. BY LOCAL REG. <u>9/25/1956</u>		26. REGISTRAR'S SIGNATURE <u>Delma Herden</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

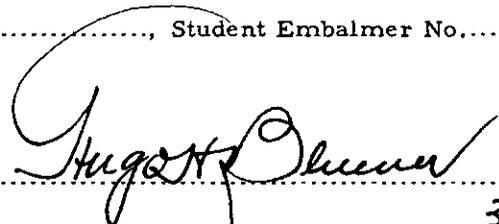
4920

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.....



Licensed Embalmer No. 310

P. O. Address Hermann

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.