

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41068

STATE FILE NUMBER

FILED DEC 17 1956

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN Rosebud	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		d. STREET ADDRESS Rosabud Rural	
Length of stay in lb 9 days		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Henrietta Marie Idel			4. DATE OF DEATH Month Day Year Dec. 13, 1956
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 30, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years last birthday) 77
13. FATHER'S NAME Christopher Linenbroker		11. BIRTHPLACE (City and state or country) Germany	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no **		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Henrietta Marie Stuhrrhann	
17. INFORMANT Address Chester Idel Rosebud, Mo.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterial Sclerotic Ht Disease Dissecting & occlusive changes of the Arteries of Rt Leg - & Chronic Emphysema of lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial Sclerosis, General DUE TO (c) Arterial Sclerosis, General			INTERVAL BETWEEN ONSET AND DEATH ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) H20.0			
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.)		
20c. TIME OF INJURY Hour a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <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 1953 to 1956 and last saw her alive on 12-13-56 Death occurred at 7:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) Charles A. Schmidt MD		22b. ADDRESS Gerald	22c. DATE SIGNED 12-14-56
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-16-1956	23c. NAME OF CEMETERY OR CREMATORY Rosebud Lutheran Cem.	23d. LOCATION (City, town, or county) (State) Rosebud, Mo.
24. FUNERAL DIRECTOR ADDRESS Milford N N Winter OWENSVILLE		25. DATE RECD. BY LOCAL REG. 12/15/56	26. REGISTRAR'S SIGNATURE L. P. Hudson Jr. St. Louis, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

SEP 5 1957

JAN 23 1957

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.....
Michael H H Winn

Licensed Embalmer No. 38

P. O. Address *OWENSVILLE*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If not 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.