

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16664

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>135</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY FRANKLIN		b. CITY (If outside corporate limits, write RURAL and give township) WASHINGTON		c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS Hosp.				e. STREET ADDRESS (If rural, give location) 106 LOCUST ST. 03620			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) HARLAN HENRY			b. (Middle) JOHANNABER			c. (Last) JOHANNABER	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR. 20, 1923		9. AGE (in years last birthday) 33	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lic. EMB. FUNERAL DIR		10b. KIND OF BUSINESS OR INDUSTRY FUNERAL & FURN		11. BIRTHPLACE (City and State or Foreign Country) WENTZVILLE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HUGO JOHANNABER			13b. MOTHER'S MAIDEN NAME IDA JOHNSON			14. NAME OF HUSBAND OR WIFE LORRAINE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 496-78-8890		17. INFORMANT'S SIGNATURE OR NAME Lorraine Johannaber		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				ANTECEDENT CAUSES		4 hrs	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) Atherosclerosis		2 1/2 yrs.	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/>	
						4201	
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) (Min.)		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 10-13, 1956 , to 5-16, 1957 , that I last saw the deceased alive on 5-16, 1957 , and that death occurred at 8:30 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. A. Stehlmann M.D.				23b. ADDRESS Union, Mo		23c. DATE SIGNED 5-16-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-18-1957		24c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S Cem		24d. LOCATION (City, town, or county) (State) Marthasville, Mo.	
DATE REC'D BY LOCAL REG. May 16, 1957		REGISTRAR'S SIGNATURE R. Stehlmann		25. FUNERAL DIRECTOR'S SIGNATURE Henry W. Otto		ADDRESS Washington Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 4 1957

JUN 5 1957

MAR 29 1962

MAR 28 1958

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 *Henry W. Otto*

Licensed Embalmer No. *3560*

P. O. Address *Washington*

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.