

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20622

STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 157

Health, Welfare, Public Service
0
300
1-56
All
disposes in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
7-0

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rosebud		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in lb 1 month	d. STREET ADDRESS ***		(If outside, give location) 0370 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Edward Last Hennemann			4. DATE OF DEATH Month June Day 12 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 12, 1864		9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Rosebud, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Henry Hennemann		
14. MOTHER'S MAIDEN NAME Mary Viemann			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ***		
16. SOCIAL SECURITY NO. none			17. INFORMANT Mrs. Emma Olten Address Rosebud, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct					INTERVAL BETWEEN ONSET AND DEATH 10 mths.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Chronic Myocardial Degeneration 6 months
					DUE TO (c) Advanced Generalized Arteriosclerosis 2 yrs.
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"/> 2
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.) 4201		
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 4-3-57 to 6-12-57 and last saw ^{him} her alive on 6-11-57 Death occurred at 2:40 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul S. [Signature] (Degree or title)			22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 6-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-14-1957	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Owensville, Mo.
24. FUNERAL DIRECTOR Wilford H. H. Winter ADDRESS OWENSVILLE			25. DATE RECD. BY LOCAL REG. JUNE 14, 1957		26. REGISTRAR'S SIGNATURE [Signature]

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. 38

P. O. Address O.W.F.M.S.

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.