

Health, Welfare, Public Service
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

839

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Owensville</u>		c. CITY OR TOWN <u>Owensville</u> <u>0378</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS <u>611 S. First St.</u>	
Length of stay in lb <u>49 yrs.</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Sophia</u> Last <u>AufderHeide</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>13</u> Year <u>1958</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Dec. 11, 1881</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>own home</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Stony Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. F. Schulte</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Doermann</u>	
14. NAME OF HUSBAND OR WIFE <u>Edw. R. AufderHeide</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 <u>Edw. R. AufderHeide</u> Address <u>Owensville, Mo.</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>Chronic Myocardial Degeneration</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>3 yrs.</u>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4221</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
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>10-12-57</u> to <u>1-13-58</u> and last saw her alive on <u>1-13-58</u> Death occurred at <u>2:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Paula Branner, M.D.</u> (Degree or title) <u>0</u> 22b. ADDRESS <u>Owensville, Mo.</u> 22c. DATE SIGNED <u>1-14-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>1-16-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>
24. FUNERAL DIRECTOR <u>Myford H H Winter</u> ADDRESS <u>Owensville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>January 16, 1958</u> 26. REGISTRAR'S SIGNATURE <u>Mrs. Marion Japprey</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1959

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 Mr....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Michael H. H. Winter.....

Licensed Embalmer No. 3828.....

P. O. Address O.W.F.N.S.V.I.L.L......

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.