

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017761

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 15-116 Primary Registration District No. 3020 Registrar's No. 165

300
1-57
0362
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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, 6370	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		d. STREET ADDRESS (If outside, give location) Rosebud Route	
Length of stay in lb 2 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Katherine Huerner			4. DATE OF DEATH Month Day Year May 31, 1958		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 6, 1893	9. AGE (In years last birthday) 64	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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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	11. BIRTHPLACE (City and state or country) Owensville, Mo. 6	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Langhorst	13b. MOTHER'S MAIDEN NAME Elizabeth Habermehl	14. NAME OF HUSBAND OR WIFE Joseph Huerner
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Joseph Huerner Rosebud, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterial Sclerosis Cerebral</i> <i>Chronic Bronchitis &</i> <i>Abscess Forming</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arterial Sclerosis of Arteries</i> DUE TO (c) <i>Arterial Sclerosis of Arteries</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Refused</i>
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 checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from 8-13-57 to 5-31-58 and last saw her alive on 5-31-58	
Death occurred at 10:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Gerard</i> (Deputy Coroner)	22b. ADDRESS <i>Rosebud</i>	22c. DATE SIGNED 6-3-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-4-1958	23c. NAME OF CEMETERY OR CREMATORY Bethel Methodist Cem.	23d. LOCATION (City, town, or country) (State) Rosebud, Mo.
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24. FUNERAL DIRECTOR <i>Myford H. Winter</i> ADDRESS <i>OWENSVILLE</i>	25. DATE RECD. BY LOCAL REG. 6/3/58	26. REGISTRAR'S SIGNATURE <i>Gerard</i>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

9-9

JUL 18 1958

VS OCT 8 1959

VS MAR 12 1962

OCT 8 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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Michael H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.