Health, & Welfare Public Service
2. 6. 600 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025089

STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 199

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Washington — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2226 Boone St. — Length of stay in 1b: 56 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN: Washington 0362 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2226 Boone St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Frances Middle: Last: Gumpenberger
4. DATE OF DEATH: Month: July Day: 13 Year: 1958
5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: Jan. 29, 1867
9. AGE (In years on last birthday): 91 UNDER 1 YEAR: Months: 5 Days: 14 IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Germany 4
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Boneface Westermann
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Joseph Gumpenberger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: George Gumpenberger Address: Washington Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Attending hypertension is on vasodilator
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 ____ to ____ and last saw her/him alive on ____
Death occurred at 5:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] (Degree or title): M.D.
22b. ADDRESS: Union, Mo
22c. DATE SIGNED: 7/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 16, 1958
23c. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
23d. LOCATION (City, town, or county) (State): Washington, Missouri
24. FUNERAL DIRECTOR: Hebrugh & Wittenberg
ADDRESS: Washington Mo
(Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 7/15/58
26. REGISTRAR'S SIGNATURE: H. Stuhlmann

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.

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 Lester H. Witt

Licensed Embalmer No. 3254

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.