

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039456  
STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 282

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1-57

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Franklin</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Washington</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>Washington</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>12 Oak Street</b>  |                                  | Length of stay in 1b  | d. STREET<br>ADDRESS <b>12 Oak Street</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>CATHERINE</b> Middle <b>ANNA</b> Last <b>MOWWE</b>   |                                  |   | 4. DATE<br>OF<br>DEATH <b>November 11, 1958</b><br>Month <b>November</b> Day <b>11</b> Year <b>1958</b>                                     |   |   |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 23, 1862</b>   | 9. AGE (In years<br>last birthday)<br><b>96</b>   | FUNDER 1 YEAR<br>Months <b>5</b> Days <b>17</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done<br>during most of working life, even if retired)<br><b>Housekeeper</b>  |                                  | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><b>own home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Washington, Missouri</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>     |   |
| 13a. FATHER'S NAME<br><b>Frank H. Hoelscher</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Genevieve Arbeiter</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Henry Mowwe</b> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br>Address<br><b>Viola Mowwe 12 Oak St. Washington</b>  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute cardiac decompensation</b><br><b>Chr. Myocarditis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) _____ |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)   |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.)<br><b>4322</b>   |   |   |   |
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>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<br>COUNTY<br>STATE   |   |
| 21. I attended the deceased from <b>April 1958</b> to <b>11-11-58</b> and last saw her alive on <b>11/11/58</b><br>Death occurred at <b>11-11-58</b> <b>7:30</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |   |   |
| 22a. SIGNATURE<br><b>J.P. Toth M 50</b> (Degree or title)   |                                  |   | 22b. ADDRESS<br><b>Washington Mo</b>  |   | 22c. DATE SIGNED<br><b>11/12/58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>11/14/1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lutheran Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Washington, Missouri</b>                      |
| 24. FUNERAL DIRECTOR<br><b>Henry W. Otto</b>  |                                  | ADDRESS<br><b>Washington, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>11/13/58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>J.P. Toth</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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**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.