

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013264

Registration District No. 119Primary Registration District No. 5443Registrar's No. 19

STATE FILE NUMBER

AMENDED

FILED MAY 12 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boark</u> | | c. CITY OR TOWN <u>Berger</u> | |
| Length of stay in 1b <u>19 Month</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) <u>Front St</u> | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First Middle Last <u>LOUISA ALVENA WILLIMANN</u> | | Month Day Year <u>May 2 1961</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 2, 1885</u> |
| 9. AGE (last birthday) <u>76</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>4</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>Housekeeping</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Stonyhill, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Samuel Coulter</u> | | 13b. MOTHER'S MAIDEN NAME <u>Minnie Jacobs</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Albert Willimann</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>Walter Willimann, Berger, Mo RFD</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>Probable myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 years</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input 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.) | | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | |
| 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 <u>1-1-60</u> to <u>5-2-61</u> and last saw her alive on <u>5-2-61</u> Death occurred at <u>8:00 PM.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Carol T. Shan, MD</u> | | 22b. ADDRESS <u>Hermann, Missouri</u> | |
| 22c. DATE SIGNED <u>5-3-61</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>5-5-1961</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns E&R Cem</u> | |
| 23d. LOCATION (City, town, or county) <u>Berger</u> | | 23e. STATE <u>Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Panett Blumer</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-4-61</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Delma Uffelman</u> | | 27. (Licensed Embalmer's Statement on Reverse Side) | |

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. 3160

P. O. Address Meriden N.

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.