

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031862

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 587

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

FILED OCT 2 1961

1. PLACE OF DEATH  
 a. COUNTY Boone  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b 11 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Boone  
 c. CITY OR TOWN Columbia Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1617 UNIVERSITY Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Bernadine Hinderer  
 4. DATE OF DEATH Month Day Year SEPT. 29 1961

5. SEX Female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH APR. 12, 1870 9. AGE (last birthday) 91  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT Home 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and state or country) Barbech Germany U.S.A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Reinhold Lamers 13b. MOTHER'S MAIDEN NAME Elizabeth Keupper 14. NAME OF HUSBAND OR WIFE Lewis E Hinderer

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. - 17. INFORMANT Mrs. Dorothy Cherkas, Columbia, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Hydrothorax with Empyema INTERVAL BETWEEN ONSET AND DEATH 4 weeks  
 DUE TO (b) Congestive heart failure, Arteriosclerotic  
 DUE TO (c) heart disease Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Chronic Lymphatic Leukemia  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 1958 to 29 Sept 61 and last saw her alive on 29 Sept 61  
 Death occurred at 11 29/7/61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 1504 E Broadway Columbia Mo 22c. DATE SIGNED 29 Sept 61

23a. BURIAL/CREMATION/REMOVAL (Specify) Burial 23b. DATE 10-2-61 23c. NAME OF CEMETERY OR CREMATORY Hillcrest 23d. LOCATION (City, town, or county) (State) Fulton, Mo

24. FUNERAL DIRECTOR Wallace Funeral Home Fulton, Mo ADDRESS [Address] 25. DATE RECD. BY LOCAL REG. Sept 29 1961 26. REGISTRAR'S SIGNATURE Mrs R E Palmer

**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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Hutton, MD

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.