

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-23513
STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 5441 Registrar's No. 31

AMENDED

FILED OCT 23 1961

1. PLACE OF DEATH a. COUNTY Gasconade		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 Third Creek Twp.		Length of stay in 1b lifetime	c. CITY OR TOWN Owensville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Route Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Wilhelmine Middle Katherine Last Hengstenberg			4. DATE OF DEATH Month October Day 16 Year 1961		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-30-1864	9. AGE (last birthday) 97	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Owensville, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Juedemann		13b. MOTHER'S MAIDEN NAME Wilhelmine Ahlert		14. NAME OF HUSBAND OR WIFE Henry Hengstenberg	
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 George Juedemann - Owensville, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 4 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease			
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"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
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 1956 to 10-16-61 and last saw her alive on 10-12-61
Death occurred at 9 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Renee Brunel, M.D.</i> (Degree or title)	22b. ADDRESS Owensville, Mo.	22c. DATE SIGNED 10-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-19-1961	23c. NAME OF CEMETERY OR CREMATORY St. Peters E & R Cemetery Owensville, Mo.
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home Owensville, Mo.		23d. LOCATION (City, town, or county) (State)

25. DATE RECD. BY LOCAL REG. October 19, 1961	26. REGISTRAR'S SIGNATURE <i>Mrs. Marvin Zappmeyer</i>
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Milford W H Winter (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Ferry A. Thompson, Student Embalmer No. 624
working under my personal supervision.

Student Ferry A. Thompson
Signature of Student Embalmer

Signed Melford H H White

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.