

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018866

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 3

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 1090
2 1090
3
4 0
5 1
6
7 0
8 2
9 4200
10
11
12 86-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 23 1963

1. PLACE OF DEATH
a. COUNTY Warren

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Warren

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charrette township Length of stay in 1b 75 years

c. CITY OR TOWN Holstein Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Holstein Yes No

d. STREET ADDRESS (If outside, give location) Marthasville R.R.#3 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Walter Middle F. Last Huenefeld

4. DATE OF DEATH Month April Day 16 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 3-10-1888 9. AGE (last birthday) 75 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Master 10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal Service Warren Co., Mo. 11. BIRTHPLACE (City and state or country) Warren Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Huenefeld 13b. MOTHER'S MAIDEN NAME Mathilda Dothage 14. NAME OF HUSBAND OR WIFE Ora Nienkamp Huenefeld

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) yes World War 16. SOCIAL SECURITY NO. 25 17. INFORMANT Address R.R.#3 Mrs. Walter Huenefeld, Marthasville

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute myocarditis INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease 10 yrs.
DUE TO (c) general arterio-sclerosis (advanced) 20 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Amesbic Dysentery World War I 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 5:45 Month, Day, Year April 1963 a.m. p.m.

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 Marthasville, Mo COUNTY STATE

21. I attended the deceased from April 1926 to April 16 1963 and last saw him alive on April 15 1963
Death occurred at 5:45 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Schrock MD (Degree or title) 22b. ADDRESS Marthasville, Mo 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-20-63 23c. NAME OF CEMETERY OR CREMATOR Immanuel's Church 23d. LOCATION (City, town, or county) (State) Holstein, Mo.

24. FUNERAL DIRECTOR ADDRESS F.W. Nieburg & Co., Warrenton, Mo. 25. DATE RECD. BY LOCAL REG. 4/18/63 26. REGISTRAR'S SIGNATURE H.C. Johnson

USE BLACK INK OR TYPEWRITER RIBBON

APR 23 1968

APR 24 1968

MAY 22 1968

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 John J. Schiburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, MO

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.