

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 930

29

BIRTH NO.		REG. DIST. NO. 137	PRIMARY REG. DIST. NO. 3023	Registrar's No. 29
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY HENRY		a. STATE Mo b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton, Deereat, Trip		
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) R.H. 2		
d. FULL NAME OF HOSPITAL OR INSTITUTION CLINTON GENERAL HOSP				
3. NAME OF DECEASED		4. DATE OF DEATH		(Month) (Day) (Year)
a. (First) WILLIAMS		b. (Middle) -		c. (Last) HASSENDLUNG
(Type or Print)		DATE OF DEATH		Jan 20, 1950
5. SEX M O W	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)
		married	Oct. 13, 1869	80 3 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TRASSL - GERMANY
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lena Hassendlung
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles J. Nussen, Clinton Mo
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUE TO (b) Arricular Fibrillation		
		DUE TO (c) Diabetes		4331
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from 7/21 1942, to 1/20 1950, that I last saw the deceased alive on 1/17, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.				
23a. SIGNATURE Ed. C. Peeler M.D.		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 1/21/50
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY
Burial		Jan 22, 1950		Emmewood Cem
24d. LOCATION (City, town, or county) (State)		Clinton, Mo.		
DATE REC'D BY LOCAL REG. Jan 24, 50		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Tausant, Clinton, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 74

District File Number 12-49-2008

Date Filed 1-20-50

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
Student Embalmer

Signed W. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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 this body is not embalmed, fact should be so stated above.