

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21249

State File No.

Registrar's No. 42

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		State File No.		Registrar's No. 42			
1. PLACE OF DEATH a. COUNTY MONITEAU					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MO iteau						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walker			c. LENGTH OF STAY (In this place) 9 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural			0680			
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS (If rural, give location) 8						
3. NAME OF DECEASED (Type or Print) a. (First) JOHN NICHOLAS b. (Middle) MOSER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JUNE 11, 1952								
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH AUG. 3, 1870		9. AGE (In years less birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
										11. BIRTHPLACE (State or foreign country) GERMANY	
										12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE LYDIA ANN LADEMANN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS CARL MOSER, CALIFORNIA, MO.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Walker Moniteau MO						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>Aug 7, 1945</i> , to <i>June 10, 1952</i> , that I last saw the deceased alive on <i>May 3, 1952</i> , and that death occurred at <i>12 m.</i> from the causes and on the date stated above.											
23a. SIGNATURE <i>D. D. Bannion</i> (Describe or title)					23b. ADDRESS <i>California</i>			23c. DATE SIGNED <i>6/11/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JUNE 13, 1952		24c. NAME OF CEMETERY OR CREMATORY Lutheran (St. Paul's)			24d. LOCATION (City, town, or county) (State) California, MO.				
DATE REC'D BY LOCAL REG. 6-20-52		REGISTRAR'S SIGNATURE <i>H. R. Pappay</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>WILLIAMS FUNERAL HOME</i>		ADDRESS CALIFORNIA, MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

680
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19 SEP 23 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W. E. Freudenberger

Signed.....
Student Embalmer

Licensed Embalmer No. *285-4*

P. O. Address *California*

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.