

No. 300  
10.48

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7813**  
Registrar's No. **86**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY <b>Coleis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Argyle, Mo. Rural</b>	
c. LENGTH OF STAY (In this place) <b>U</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) _____ c. (Last) <b>Verhoff</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 5, 1949</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 30, 1889</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>5</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Casper Verhoff</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Olegschlaeger</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine Verhoff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Catherine Verhoff, Argyle, Mo.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs?</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4/5/49</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 **Dec 8, 1948**, to **April 5, 1949**, that I last saw the deceased alive on **April 4, 1949**, and that death occurred at **1:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Evel S. Boyd M.D.</b>		(Degree or title)		23b. ADDRESS <b>Jefferson City, Mo.</b>		23c. DATE SIGNED <b>4-6-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 8, 1949</b>	24c. NAME OF CEMETERY OR CREMATORIUM <b>St. Aloysius</b>		24d. LOCATION (City, town, or county) (State) <b>Argyle, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>April 6-49</b>	REGISTRAR'S SIGNATURE <b>R.P. Harris MD - MR 68</b>	GENERAL DIRECTOR'S SIGNATURE <b>M. Birmingham</b>	ADDRESS <b>Vienna, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed APR 7 1949

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 *M. P. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address *Genoa 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 this body is not embalmed, fact should be so stated above.