

FILED MAR 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9475

State File No.

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 4393 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WESTPHALIA, MISSOURI LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WESTPHALIA <u>0760</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION "		d. STREET ADDRESS " (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) CATHERINE (Type or Print)		b. (Middle) FECHTEL	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MARCH 6, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 14, 1859
9. AGE (In years last birthday) 91		10. UNDER 1 YEAR (Months) 10	11. UNDER 24 HRS. (Days) 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (State or foreign country) WESTPHALIA, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME ANTON FECHTEL		13b. MOTHER'S MAIDEN NAME GERTRUDE ORTMEYER	14. NAME OF HUSBAND OR WIFE NONE
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'S SIGNATURE OR NAME <i>Henry Proszman</i> ADDRESS WESTPHALIA, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Failure 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. 4342	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Feb 10, 1951 , to Feb 10, 1951 , that I last saw the deceased alive on Feb 10, 1951 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. H. Moore</i> (Degree or title) D.O.		23b. ADDRESS Argyle, Mo	
23c. DATE SIGNED 3-20-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 8, 1951	
24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH		24d. LOCATION (City, town, or county) (State) WESTPHALIA, MO.	
DATE REC'D BY LOCAL REG. Mar. 8, 1951		REGISTRAR'S SIGNATURE <i>Mo. W. H. Moore</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Sylvester Kulle</i>		ADDRESS J.C. MO.	

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

2760

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 27 1951

RECEIVED

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.

Signed _____

Sylvester Ruelle

Signed _____
Student Embalmer

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.