

No. 3007
10-48

1 OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32122**

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY Know				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Knox			
b. CITY OR TOWN Edina, Missouri.		c. LENGTH OF STAY (in this place) Two Weeks		c. CITY OR TOWN Edina, Missouri		0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) August		a. (First) Joseph		b. (Middle) Wortzke		c. (Last) Wortzke	
4. DATE OF DEATH Sept 27 1952		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug 1, 1869		9. AGE (In years last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Brazil, South America				12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Wortzke	
13b. MOTHER'S MAIDEN NAME Charlottier Gooch				14. NAME OF HUSBAND OR WIFE Tresa Eyerl			
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 Arthur Wortzke ADDRESS 8507 Edina, Knoxville, 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) Coronary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & hypertension DUE TO (c) Cardio Vascular disease				INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		4201	
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 June 1951 to Sept 27, 1952 , that I last saw the deceased alive on Sept 27, 1952 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. O. D.				23b. ADDRESS Edina, Mo.		23c. DATE SIGNED Sept 27-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 30, 1952		24c. NAME OF CEMETERY OR CREMATORY Millport Cemetery		24d. LOCATION (City, town, or county) (State) Millport, Missouri, Knox	
DATE REC'D BY LOCAL REG. Sept. 27-52		REGISTRAR'S SIGNATURE Helle S. Hummel		25. FUNERAL DIRECTOR'S SIGNATURE W. G. Gimer		ADDRESS Edina, Mo	

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

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 Miss J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.