

FILED MAR 3 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4801**

0080

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

BIRTH NO. _____		REG. DIST. NO. 31		PRIMARY REG. DIST. NO. 4040		Registrar's No. 9	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY Benton		b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cole Camp)		a. STATE Missouri		b. COUNTY Benton	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) 0080		OR TOWN Cole Camp			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Henry	b. (Middle) G.	c. (Last) Michaelis	Date	Month	Day	Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 4th 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5 Days 15	IF UNDER 24 HRS. Hours 15 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (City and State or Foreign Country) Cole Camp Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Michaelis		13b. MOTHER'S MAIDEN NAME Maggie Mahnen		14. NAME OF HUSBAND OR WIFE Minnie Michaelis			
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. 494-12-5393-A		17. INFORMANT'S SIGNATURE OR NAME Mrs Minnie Michaelis ADDRESS Cole Camp 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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				2 min	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				8-10 yrs	
		DUE TO (c) Obesity					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. 4201					
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)			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Feb 18, 1953 , and that death occurred at 9:30 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Norold B. Wackerle				23b. ADDRESS Cole Camp Mo		23c. DATE SIGNED 2/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 23rd 1953	24c. NAME OF CEMETERY OR CREMATORY St Paul Lutheran		24d. LOCATION (City, town, or county) (State) Cole Camp Mo		
DATE REC'D BY LOCAL REG. Feb 27, 1953		REGISTRAR'S SIGNATURE E E Eichhoff 394		25. FUNERAL DIRECTOR'S SIGNATURE E L Eichhoff ADDRESS Cole Camp Mo			

(License of Embalmer's Statement on Reverse Side)

6-57 01 23870

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 E L Eichhoff

Licensed Embalmer No. 730

P. O. Address Colo Camp 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.