

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29512

State File No. ....

FILED AUG 31 1953

REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <b>PERKY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PERKYVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>STE. GENEVIEVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PERKY CO MEMORIAL</b>		d. STREET ADDRESS (If rural, give location) <b>501 N MAIN ST</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAX</b> b. (Middle) <b>P</b> c. (Last) <b>JOGGERST</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 23 1953</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>MAY 11 1875</b>
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STORE KEEPER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>RIVER BLVD WASH MO</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STORE KEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERIES</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>FRANCIS JOGGERST</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE STAAR</b>	14. NAME OF HUSBAND OR WIFE <b>MARY U. OPERLE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>466-38-2553</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MARY U. OPERLE</b> ADDRESS <b>STE. GENEVIEVE 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>21 days</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) _____ 11. OTHER SIGNIFICANT CONDITIONS <b>Urinary Retention due to Prostatic hypertrophy</b>	
19a. DATE OF OPERATION <b>10 Aug 53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Urinary Retention</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 <b>3 Aug, 1953</b> to <b>23 Aug, 1953</b> , that I last saw the deceased alive on <b>22 Aug, 1953</b> , and that death occurred at <b>8:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. Chayson, MD</b> (Degree or title)		23b. ADDRESS <b>Perkyville, Mo</b>	23c. DATE SIGNED <b>AUG 24 1953</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG 25 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VALLE SPRING</b>	24d. LOCATION (City, town, or county) (State) <b>STE. GENEVIEVE MO</b>
DATE REC'D BY LOCAL REG. <b>8-24-53</b>	REGISTRAR'S SIGNATURE <b>Jose J. Zellner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Reo C. Busby</b> ADDRESS <b>Ste. Genevieve Mo</b>	

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

*Adrian J. Ethier*

Licensed Embalmer No. *4740*

P. O. Address *Ste. Genevieve*

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.