

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17570

State File No. _____

0950
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6079</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>STE. GENEVIEVE</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL STE. GENEVIEVE</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>STE. GENEVIEVE</u>	
c. LENGTH OF STAY (in this place) <u>WIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL STE. GENEVIEVE</u>		d. STREET ADDRESS <u>STAR ROUTE</u>		0950 0	
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>GEORGE</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>OPERLE</u>		Month Day Year <u>MAY 13 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 21 1870</u>	
9. AGE (in years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>LAWRENCETON MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>FRED OPERLE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FLEIG</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA STUTZ</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Vort Moore Ste. Genevieve Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				<u>10 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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				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)		4222	
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 <u>1928</u> to <u>May 13, 1954</u> , that I last saw the deceased alive on <u>May 11, 1954</u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William S. Spencer</u>				23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>5-17-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>MAY 15 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>		24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>	
DATE REC'D BY LOCAL REG. <u>5-14-54</u>		REGISTRAR'S SIGNATURE <u>Luella Barber</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Barber Ste. Genevieve Mo</u>			

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 Leac Parker

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.