

FILED JUN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18224
23

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4682 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Haven Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Haven	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 2360	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Fredrick c. (Last) Michel			4. DATE OF DEATH (Month) (Day) (Year) June 21 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 2 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Washington Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Michel	13b. MOTHER'S MAIDEN NAME Mary Noelke	14. NAME OF HUSBAND OR WIFE Anna Michel
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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>Miss Anna M. Michel, New Haven Mo.</i>	ADDRESS New Haven Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular hemorrhage		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 24 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic C-V disease 15 yrs		
	DUE TO (c) old age		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 15 June, 1951, to 21 June, 1955, that I last saw the deceased alive on 20 June, 1955, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Raymond J. Basso, M.D.</i>	23b. ADDRESS Washington, Mo	23c. DATE SIGNED 23 June 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 25 1955	24c. NAME OF CEMETERY OR CREMATORY Catholic Cem	24d. LOCATION (City, town, or county) (State) New Haven Mo.
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DATE REC'D BY LOCAL REG. 6/24/55	REGISTRAR'S SIGNATURE <i>Nettie Murphy</i>	501 - 0	25. FUNERAL DIRECTOR'S SIGNATURE <i>L.C. Fertig & Sons</i>	ADDRESS New Haven 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Earl O. Lertis

Licensed Embalmer No. 3375

P. O. Address New Haven, Me

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.