

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

868

State File No.

BIRTH NO. 1294-57 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If incarceration: residence before imprisonment). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 da.</u>		e. STREET ADDRESS (If rural, give location) <u>975 W. Eighth St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Glennon</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Struckhoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Jan. 5, 1957</u>		9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles B. Struckhoff</u>		13b. MOTHER'S MAIDEN NAME <u>Dolores Fisher</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles B. Struckhoff</u>	
(If yes, give war or date of service)				ADDRESS <u>Washington, Mo.</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>State status, massive, of lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>
		ANTECEDENT CAUSES Morbidity 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. <u>New-born infant</u>				

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? <u>3</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington, Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 5 Jan, 1957, to 6 Jan, 1957, that I last saw the deceased alive on 6 Jan, 1957, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond J. Borzo, MD</u>		23b. ADDRESS (Degree or title) <u>Washington, Mo</u>		23c. DATE SIGNED <u>7 Jan 57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan. 7, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mebergs & Vot, Inc.</u>			

DATE REC'D BY LOCAL REG. <u>1/7/57</u>		REGISTRAR'S SIGNATURE <u>R. S. Halman</u>		ADDRESS <u>Washington, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Signature of Student Embalmer

Signed *Lester A. Vitt*

Licensed Embalmer No. *325*

P. O. Address *Washington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.