

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20661

STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 14

Health,
Welfare
Public
Service

0370
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Owensville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home			Length of stay in lb 60 yrs.		d. STREET ADDRESS 311 S. Second St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First August Middle Henry Last Idel				4. DATE OF DEATH Month June Day 19 Year 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 20, 1865		9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Masonry and Bricklayer			10b. KIND OF BUSINESS OR INDUSTRY Bricklaying		11. BIRTHPLACE (City and state or country) near Rosebud, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Fred Idel				14. MOTHER'S MAIDEN NAME Caroline Merk			
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 George F. Idel Address Owensville, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200.							INTERVAL BETWEEN ONSET AND DEATH 4 mo.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200.				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Owensville, Mo.			COUNTY _____ STATE _____
21. I attended the deceased from 3-7-57 to 6-19-57 and last saw ^{her} him alive on 6-19-57 Death occurred at 2 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. M. Keller (Degree or title) M. P.				22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 6-21-57	
23a. BURIAL: CREMATION: REMOVAL (Specify) burial		23b. DATE 6-22-1957	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Owensville, Mo.		
24. FUNERAL DIRECTOR Milford H H Winter ADDRESS Owensville			25. DATE RECD. BY LOCAL REG. June 22, 1957		26. REGISTRAR'S SIGNATURE Mrs. Maurine Jappmeyer		

(Use Lead Embalmer's Statement on Reverse Side)

91.12.14

BSB 2 MAR 7

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 *Michael H. Winters*

Licensed Embalmer No. 38

P. O. Address *OWEN, N.S.W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.