

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27966

STATE FILE NUMBER

FILED AUG 23 1957

Registration District No. 114 Primary Registration District No. 5435 Registrar's No. 18

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 BOEUF			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY 16 Miles South of Hermann, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIS RESIDENCE			Length of stay in lb 24 yrs	d. STREET ADDRESS (If outside, give location) 2370			Reside on Farm. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HENRY Middle CHARLES Last VEHLEWALD				4. DATE OF DEATH Month 8 Day 14 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Bldg Business		11. BIRTHPLACE (City, and state or country) Pershing, Mo		12. CITIZEN OF WHAT COUNTRY? @USA
13. FATHER'S NAME Charles Vehlewald				14. MOTHER'S MAIDEN NAME Lena Buecker			
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. 492522-3836	17. INFORMANT Address Hermann Mo RFD			Mrs. Florence Vehlewald
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic Heart Disease ± Mitral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Stenosis ± Auricular Flutter DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 10 years	
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.)				
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 							
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		COUNTY	STATE
21. I attended the deceased from 1-5-52 to 8-14-57 and last saw ^{her} him alive on 8-2-57 Death occurred at 11:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Carel T. Shaw, M.D.				22b. ADDRESS Hermann, Mo		22c. DATE SIGNED 8-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Burial		8-17-1957	St. James E&R Cem		Stonyhill, Mo		
24. FUNERAL DIRECTOR ADDRESS Paul H. Blumner Berger Mo			25. DATE REG. BY LOCAL REG. 8-15-57	26. REGISTRAR'S SIGNATURE Delma Gerken			

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use any standard nomenclature for diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *Hughston Dwyer*
Licensed Embalmer No. 314
P. O. Address *Horicon*

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.