

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32817

STATE FILE NUMBER

FILED OCT 8 1957

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Osage</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Westphalia</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY - OR TOWN <u>Westphalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			4. DATE OF DEATH <u>Sep't 26th, 1957</u>		
3. NAME OF DECEASED (Type or print) <u>Gertrude</u>			First	Middle	Last
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 30th, 1871</u>
9. AGE (In years last birthday) <u>86</u>			IF UNDER 1 YEAR Months <u>-</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Westphalia, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. FATHER'S NAME <u>Adam Hoer</u>
14. MOTHER'S MAIDEN NAME <u>Christine Fechtel</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. <u>None</u>			17. INFORMANT Address <u>Herman Holtermann . Loose Creek, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>					
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 _____ 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 _____ to _____ and last saw her alive on _____ Death occurred at <u>about 2:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> Coroner			22b. ADDRESS <u>Box 255, Linn, Mo.</u>		22c. DATE SIGNED <u>9/27/57</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>9/30/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Parish Cemetery - Westphalia, Mo.</u>	23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>J. C. No</u>	25. DATE RECD. BY LOCAL REG. <u>9-24-1957</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Dulle

Licensed Embalmer No. 43

P. O. Address _____
Jefferson

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.