

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-006859
 State File No.

FILED MAR 10 1958

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>1058</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (in this place) OR <u>5 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, West Alton</u>		d. STREET ADDRESS (If rural, give location) <u>RR#1, West Alton, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Bernard</u>		c. (Last) <u>Bextermuller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1958</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 22, 1879</u>	
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months <u>8</u> Days <u>12</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Alton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming, or</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		13a. FATHER'S NAME <u>Mathews Bextermuller</u>		13b. MOTHER'S MAIDEN NAME <u>Gertruda Hintert</u>	
13c. NAME OF HUSBAND OR WIFE <u>Laura J. Luesse</u>		14. NAME OF HUSBAND OR WIFE		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>494-42-5762</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harold Roschet</u>		17. ADDRESS <u>West Alton, 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.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of Colon with Perforation and Generalized Peritonitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</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>1538</u>			
19a. DATE OF OPERATION <u>March 4, 1958</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon Perforation and Generalized Peritonitis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (i.e., 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) _____		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 <u>Feb. 25, 1958</u> , to <u>March 4, 1958</u> , that I last saw the deceased alive on <u>March 4, 1958</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Don Z. Randall M.D.</u>				23b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u>		23c. DATE SIGNED <u>3/4/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/7/1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis</u>		24d. LOCATION (City, town, or county) (State) <u>Portage DeSioux, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 6 - 58</u>		REGISTRAR'S SIGNATURE <u>Margaret Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Burdette</u>		ADDRESS <u>Alton, Illinois</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAN. 19. 1958

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 _____

Thomas J. Burke Jr.

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Thomas J. Burke Jr.*

Licensed Embalmer No. 4968

P. O. Address 727 LANGDON ST.
ALTON, ILLINOIS

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.