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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009450

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HERMANN		c. CITY OR TOWN HERMANN 037 1/2	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 212 E. FOURTH ST.		d. STREET ADDRESS (If outside, give location) 212 E. FOURTH ST.	
Length of stay in lb LIFETIME		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JULIA Middle Last			4. DATE OF DEATH Month APRIL Day MARCH 27 Year 1958		
5. SEX FEMALE	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 MARCH 11, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HERMANN, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME HERMAN JAES	13b. MOTHER'S MAIDEN NAME HELEN WALTZ	14. NAME OF HUSBAND OR WIFE ALVIN APRIL	

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 ALPHONS APRIL	Address HERMANN, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 7 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic myocarditis		15 yrs.
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Periculous aeuria		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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.) 2
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <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 HERMANN, MO.	COUNTY Mo.	STATE
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21. I attended the deceased from **NOV. 1, 1956** to **Mar. 27, '58** and last saw her/him alive on **Mar. 27, '58**
Death occurred at **8:03 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. J. Jeter, D.O.	(Degree or title) 2	22b. ADDRESS HERMANN, MO.	22c. DATE SIGNED 3/29/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-31-58	23c. NAME OF CEMETERY OR CREMATORY ST. GEORGE CEMETERY	23d. LOCATION (City, town, or county) HERMANN, Mo.
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24. FUNERAL DIRECTOR HUGH H. Blomca	ADDRESS HERMANN, Mo.	25. DATE RECD. BY LOCAL REG. 3-29-58	26. REGISTRAR'S SIGNATURE Delma Uffelman
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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MAY 1 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 Roger W. Blumer, Student Embalmer No. 553
working under my personal supervision.

Student *Roger W. Blumer*
Signature of Student Embalmer

Signed *Roger W. Blumer*

Licensed Embalmer No. 3160
P. O. Address *Harman*

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.