

Health,
Welfare
Public
Service

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015065

STATE FILE NUMBER

FILED MAY 6 1958

Registration District No. 230 Primary Registration District No. 5810 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY MONTGOMERY		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) Inside Limits OR TOWN LOUTREE TWP Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN HERMANN 0371 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION 5 mi. W of McKittrick 15 MIN		d. STREET ADDRESS E. 8th STREET (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LOUIS EDWARD REQUARTH			4. DATE OF DEATH Month Day Year MAY 2 1958
5. SEX MALE	6. COLOR OR RACE CAU.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 23-1941
9. AGE (In years last birthday) 17		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOLAR		10b. KIND OF BUSINESS OR INDUSTRY (School)	11. BIRTHPLACE (City and state or country) HERMANN Mo 0
12. CITIZEN OF WHAT COUNTRY? US		13. FATHER'S NAME CLARENCE F. REQUARTH	
14. MOTHER'S MAIDEN NAME ISABELLA Boehm		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. 496-44-XXXX		17. INFORMANT Address C.F. REQUARTH HERMANN 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) Compound FRACTURE of CHEST			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AUTO-ACCIDENT. Highway 19-			
DUE TO (c) AT MKT VIADUCT- McKITTRICK Mo			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) AUTO COLLIDED INTO BRIDGE ABUTMENT		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 5 4-2-1958			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) PUBLIC HIGHWAY	
20f. CITY, TOWN, OR LOCATION McKITTRICK		COUNTY Montgomery STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. J. Ball Coroner 3		22b. ADDRESS Jonesburg, Mo	
22c. DATE SIGNED 5-2-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5/5/1958	
23c. NAME OF CEMETERY OR CREMATORY HERMANN Cemetery		23d. LOCATION (City, town, or county) (State) HERMANN Mo	
24. FUNERAL DIRECTOR ADDRESS HUGO H. BLUMER HERMANN Mo		25. DATE RECD. BY LOCAL REG. May 3rd 1958	
26. REGISTRAR'S SIGNATURE Mrs. Eunice Bush			

MAY 1 1958

MAY 16 1958

*Hugo
Blum*

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.....
[Handwritten Signature]

Licensed Embalmer No.

P. O. Address.....
[Handwritten Address]

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.