

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039312

STATE FILE NUMBER

FILED DEC 3 1958

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

340

S. 300
-1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jefferson City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1502 E. High St.			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1130 E. High St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ernest Doss				4. DATE OF DEATH Month Day Year November 26, 1958				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 31, 1881		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 9 Days 25	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief			10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) Montgomery City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Doss			13b. MOTHER'S MAIDEN NAME Emma Burks			14. NAME OF HUSBAND OR WIFE Clara Ahlgeyer		
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. 500-10-9446		17. INFORMANT Address Mrs. Lillian Desmond, St. Louis, 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) Heart Failure Due to an Acute Coriary Condition							INTERVAL BETWEEN ONSET AND DEATH Instant.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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 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.) Apparently man was struck by an acute heart attack possibly causing degeneration or something. Lost control of car + hit parked car. Died on arrival @ St. Mary's Hospital, Jefferson City, Mo.					
20c. TIME OF INJURY Hour 12:58 p.m. Month 11 Day 26 Year 1958			20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Street					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION Jefferson City - Cole, Mo.					
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 12:58 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Victor Bueschu				22b. ADDRESS 630 Adams St. Jefferson City, Mo.		22c. DATE SIGNED 11/28/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 29, 1958	23c. NAME OF CEMETERY OR CREMATORY Longview Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.			
24. FUNERAL DIRECTOR ADDRESS Victor Bueschu				25. DATE RECD. BY LOCAL REG. 28-Nov-1958		26. REGISTRAR'S SIGNATURE R. P. Norris, MD-MR		

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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 *Victor Bueser*

Licensed Embalmer No. *370*
P. O. Address *J.C. Mc*

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.