Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000848
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 115 a Elm St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Washington 0362 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 115 a Elm St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CAROLINE Middle CAROLINE Last HEUSER

4. DATE OF DEATH Month JAN. Day 15 Year 1959

5. SEX F
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Nov. 22, 1870
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months 1 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Marthasville, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Mittler
13b. MOTHER'S MAIDEN NAME Gertrude Wahl
14. NAME OF HUSBAND OR WIFE Julius

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Eugene Heuser, 115 Elm, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) General infirmities of old age
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic C-V-R disease
DUE TO (c) Old age.
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12 Dec 57, to 10 Jan 59 and last saw her/him alive on 9 Jan 59
Death occurred at 9:24 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. L. Boggs, DO
22b. ADDRESS Washington, Mo.
22c. DATE SIGNED 14 Jan 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 17, '59
23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cem.
23d. LOCATION (City, town, or county) (State) Marthasville, Mo.

24. FUNERAL DIRECTOR ADDRESS Henry W. Otto, Washington, Mo.
25. DATE RECD. BY LOCAL REG. 1/16/59
26. REGISTRAR'S SIGNATURE F. L. Heidmann & L. L. Heidmann Jr.

(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.

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 Henry W. Otte

Licensed Embalmer No. 3560

P. O. Address Washington

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.