

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022200

FILED JUL 6 1959

Registration District No. 211 Primary Registration District No. 5770 4-324 STATE FILE NUMBER Registrar's No. 24-59

300
1-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Elizabeth		c. CITY OR TOWN St. Elizabeth	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 1 Jim Henry Twp		d. STREET ADDRESS (If outside, give location) Rt 1	
3. NAME OF DECEASED (Type or print) First Conrad Middle John Last Verhoff		4. DATE OF DEATH Month June Day 20 Year 1959	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/3/1875
9. AGE (In years) 83 (In days)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Miller Co. Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Casper Verhoff		13b. MOTHER'S MAIDEN NAME Margaret Oligschlaeger	14. NAME OF HUSBAND OR WIFE Mary Ewers Verhoff
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Otto Verhoff 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) hepatoarteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis generalis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446X			INTERVAL BETWEEN ONSET AND DEATH 1 year years
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from May 1 / 19 to June 20 / 19 and last saw her alive on 6-20-59 Death occurred at 7:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Reuben L. Dwyer		22b. ADDRESS Jefferson Bates Mo	
22c. DATE SIGNED 6-24-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/22/59	
23c. NAME OF CEMETERY OR CREMATORY St. Lawrence		23d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo	
24. FUNERAL DIRECTOR ADDRESS Hedges Funeral Homes, Mo		25. DATE RECD. BY LOCAL REG. June 26, 1959	
26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Walter D. Hedger*

Licensed Embalmer No. *4265*

P. O. Address *Berna, Mo.*

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.