

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026326

FILED VS AUG 11 1959 6

308

STATE FILE NUMBER

DED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		a. STATE Missouri b. COUNTY Crawford		c. CITY OR TOWN Cuba	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No.4		Length of stay in 1b 22Y;10M;5das.		d. STREET ADDRESS (If outside, give location) Route 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First CHARLES		Middle FRANKENSTEIN		Last FRANKENSTEIN		Month Day Year July 4, 1959	
5. SEX Male	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 Oct. 23, 1877	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 8 Days 11	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and Filling Station attendant.		10b. KIND OF BUSINESS OR INDUSTRY West Point, Nebraska		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Christian Frankenstein		13b. MOTHER'S MAIDEN NAME Bertha Gerberhausen		14. NAME OF HUSBAND OR WIFE Emma Mueller			
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. Unknown		17. INFORMANT Records, State Hospital No.4, Farmington, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary Occlusion - - - - - instantaneous.							
DUE TO (b) Coronary Sclerosis - - - - -						Unknown.	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Involitional psychosis with paranoid trends.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____							
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 Dec. 2, 1954 to July 4, 1959 and last saw him ^{sex} alive on July 4, 1959 Death occurred at 3:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. A. Brennan M.D.</i> (Degree or title)				22b. ADDRESS State Hospital No.4 Farmington, Missouri		22c. DATE SIGNED 7-4-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery		23d. LOCATION (City, town, or county) Cuba, Missouri		23e. REGISTRAR'S SIGNATURE <i>Ethel Redloff</i>	
24. FUNERAL DIRECTOR <i>J. A. Brennan</i> ADDRESS Cuba, Missouri		25. DATE RECD. BY LOCAL REG. Aug 7, 1959		26. REGISTRAR'S SIGNATURE			

DOCUMENT

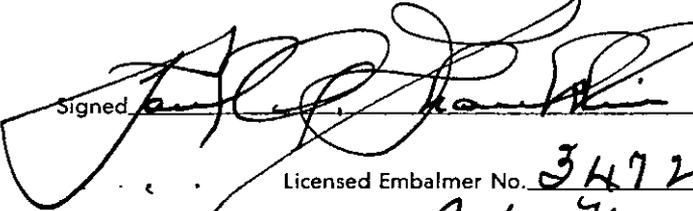
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____
Licensed Embalmer No. 3472
P. O. Address Cuba, 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.