

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029965

FILED VS AUG 18 1959 273

Registration District No. Primary Registration District No. Registrar's No. 90

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brazeau Twp.		Length of stay in 1b Life		c. CITY OR TOWN Altenburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Altenburg, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (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 Emanuel Thurm				4. DATE OF DEATH Month Day Year 7 - 28 - 59			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-22-1865	9. AGE (last birthday) 94	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Altenburg, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Traugott Thurm			13b. MOTHER'S MAIDEN NAME Johanna (Unknown)		14. NAME OF HUSBAND OR WIFE Ernstine Thurm		
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. None		17. INFORMANT Address Mrs. Rudolph Schade, Altenburg, 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) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Isangrene left foot						INTERVAL BETWEEN ONSET AND DEATH 7d. 10 years 20 years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				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.)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
20c. TIME OF INJURY Hour a.m. p.m.		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 6-9-49 to 7-28-59 and last saw him live on 7-15-59 Death occurred at 430 A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Theodore Linder, M.D. (Degree or title)				22b. ADDRESS Altenburg Mo		22c. DATE SIGNED 7-26-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-31-59	23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran		23d. LOCATION (City, town, or county) (State) Altenburg Missouri		
24. FUNERAL DIRECTOR Young & Sons Perryville m.		ADDRESS		25. DATE RECD. BY LOCAL REG. 7-28-59		26. REGISTRAR'S SIGNATURE Joe J. Gallman	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Kathleen Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.