RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

111

59–032942

STATE FILE NUMBER

FILED VS OCT 7 1959 Registration District No. 83 Primary Registration District No. 5647 Registrar's No. ~~[illegible]~~

1. PLACE OF DEATH a. COUNTY: Lawrence	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Freistatt — Length of stay in 1b:	c. CITY OR TOWN: Mt. Vernon — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Crestview Rest Home — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): Route 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Emma	Middle:	Last: Deschner	4. DATE OF DEATH Month Day Year: 9-28-59
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 4-11-1884
9. AGE (last birthday): 75	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping	11. BIRTHPLACE (City and state or country): Lawrence Co. Mo.	12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Robert Quade	13b. MOTHER'S MAIDEN NAME: Emma Yones	14. NAME OF HUSBAND OR WIFE: Jacob Deschner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT Address: Jacob Deschner, Mt. Vernon, Mo. R3	

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)	Circulatory Failure	12 hrs.
DUE TO (b)	Cor Pulmonale	Unknown
DUE TO (c)	Mitral Stenosis	Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 June 24 1958, to Sept 28 1959 and last saw her alive on Sept 23 1959

Death occurred at 6:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold E George D.O	22b. ADDRESS: Mt Vernon Mo	22c. DATE SIGNED: 9/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10-1-59	23c. NAME OF CEMETERY OR CREMATORY: Trinity Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): Freistatt, Mo.		
24. FUNERAL DIRECTOR: H.D. Fossett	ADDRESS: Mt. Vernon, Mo.	25. DATE RECD. BY LOCAL REG.: 9-30-59
26. REGISTRAR'S SIGNATURE: Cecil Hendricks		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 2201

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.