

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035462

FILED VS. NOV 9 1959

53

Registration District No. **0000**

Primary Registration District No. **395**

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DUTCHTOWN, MO.</u>		Length of stay in 1b <u>90yrs</u>		c. CITY OR TOWN <u>Dutchtown Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME AT DUTCHTOWN</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Dutchtown Mo.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Louise</u> Middle <u>Greaser</u> Last <u>Greaser</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>3</u> Year <u>1959</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/4/1869</u>		9. AGE (last birthday) <u>90</u>			
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) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>			
11. BIRTHPLACE (City and state or country) <u>Gordonville Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John Kaufman</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Bierschwal</u>			14. NAME OF HUSBAND OR WIFE <u>Martin Greaser Deac</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs Lena McCune Dutchtown Mo</u> Address _____					
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 <u>5 yr</u>			
IMMEDIATE CAUSE (a) <u>Myocarditis and arterial</u>											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Sclerosis</u>											
DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral apoplexy Jan. 1959</u>						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					
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.)							
20c. TIME OF INJURY Hour <u>4:50</u> ^{am} / _{p.m.} Month, Day, Year <u>11-3-59</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Jan. 1955</u> , to <u>11-3-59</u> and last saw her alive on <u>June, 1959</u> . Death occurred at <u>Dutchtown Mo</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>R.G. Ritter, M.D.</u>						22b. ADDRESS <u>Cape Girardeau Mo</u>			22c. DATE SIGNED <u>11-4-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/6/1959</u>		23c. NAME OF CEMETERY OR CREMATOR <u>St Edwards Cent</u>				23d. LOCATION (City, town, or county) <u>Dutchtown Mo</u> (State)			
24. FUNERAL DIRECTOR <u>L.L.Haman</u> ADDRESS <u>Cape Girardeau Mo</u>						25. DATE RECD. BY LOCAL REG. <u>11-6-1959</u>		26. REGISTRAR'S SIGNATURE <u>Irvin Kasten</u>			

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. G. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.