

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037098

FILED VS NOV 9 1959 273

Primary Registration District No. _____ Registrar's No. 124

STATE FILE NUMBER

| | | | | | | | | |
|--|---|---|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem TWP</u> | | Length of stay in lb <u>10 years</u> | | c. CITY OR TOWN <u>Perryville</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perryville Rte #6</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>Rte #6</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Ernst</u> Middle <u>P</u> Last <u>Noennig</u> | | | | 4. DATE OF DEATH Month <u>October</u> Day <u>18</u> Year <u>1959</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>3/1/1890</u> | 9. AGE (last birthday) <u>69</u> | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ | IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Perry County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Martin Noennig</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Pauline Froebel</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Emma Schmidt</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>490-12-1515A</u> | | 17. INFORMANT Address <u>Mrs William Vogel Altenburg, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wound to chest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coroner of Perry County, Mo.</u> DUE TO (c) _____ | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | 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"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>17ga. Shot Gun wound in chest</u> | | | | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>10 18 59</u> | Coroner of Perry County, Mo. | | | | | | | |
| 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.) <u>Farm Rte 6 Perryville Mo</u> | | 20f. CITY, TOWN, OR LOCATION <u>Perryville</u> | | COUNTY <u>PERRY</u> STATE <u>MO</u> | | |
| 21. I attended the deceased from <u>Coroner of Perry County, Mo.</u> and last saw her <u>Coroner of Perry County, Mo.</u> alive on <u>Coroner of Perry County, Mo.</u> Death occurred at <u>8 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) Coroner of Perry County, Mo. | | | | 22b. ADDRESS <u>Perryville Mo.</u> | | | 22c. DATE SIGNED <u>10/23/59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>10-24-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Perryville Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>Young & Sons Perryville Mo</u> ADDRESS _____ | | | | 25. DATE RECD. BY LOCAL REG. <u>10/23/59</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</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

David C. Gawn

Licensed Embalmer No. 2138

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.