...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 16 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 408

59-039181
STATE FILE NUMBER

...MENDED

1. PLACE OF DEATH
a. COUNTY Cape Girardeau Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau, Mo. Length of stay in 1b 13 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Jackson
c. CITY OR TOWN Elkville Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7th + Board St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Julius Middle Edward Last Bechtlofft
4. DATE OF DEATH Month Day Year 11 - 7 - 1959
5. SEX Male
6. COLOR OR RACE Cauc
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-5-1888
9. AGE (last birthday) 71 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) Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal Mines
11. BIRTHPLACE (City and state or country) Elkville, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jacob Bechtlofft
13b. MOTHER'S MAIDEN NAME Margaret Landcraft
14. NAME OF HUSBAND OR WIFE Grace Bechtlofft
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 343102655
17. INFORMANT x Cecil J Bechtlofft Address 617 S. 10th Vincennes, Ind.

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)	Cerebral Thrombosis with right hemiplegia	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis, generalized	5 years
DUE TO (c)		

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. ☐ 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 Oct. 24, 1959, to Nov. 7, 1959 and last saw him alive on Nov. 7, 1959
Death occurred at 1:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward D Campbell M.D.
22b. ADDRESS Cape Girardeau, Missouri
22c. DATE SIGNED 11-13-59

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
23b. DATE Nov. 9, 1959
23c. NAME OF CEMETERY OR CREMATORY Elkville Cemetery
23d. LOCATION (City, town, or county) (State) Elkville, Jackson Co., Illinois

24. FUNERAL DIRECTOR Percy Pauloff ADDRESS 130 S. Washington St. Du Quoin, Ill.
25. DATE RECD. BY LOCAL REG. 11-14-59
26. REGISTRAR'S SIGNATURE Irene Kasten

Ill. License No. 6645

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SA NOV 19 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. H. Estes

Signature of Student Embalmer

Licensed Embalmer No. 3568

P. O. Address Cape Gir

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