

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043157

FILED VS NOV 18 1959

362

Registration District No. _____ Primary Registration District No. 4533 Registrar's No. 56

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wright City		Length of stay in 1b 87 years	c. CITY OR TOWN Wright City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 Henry Middle Herman Last Ordelheide			4. DATE OF DEATH Month Nov Day 4 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/20/72	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Warren MO	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Herman Ordelheide		13b. MOTHER'S MAIDEN NAME Johanna Brinkman Barr		14. NAME OF HUSBAND OR WIFE Carrie Ordelheide	
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 Edna Groeper, Wright City MO		

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) Medullary Failure		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Ventricular Fibrillation	30 min.
	DUE TO (c) Acute Coronary occlusion	40 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I, (a) Debilities of old age		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	
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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 _____ 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 **Dec 8, 1950** to **11-4-59** and last saw ^{her}him alive on **10-30-59**
Death occurred at **3:35 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Beckmeyer MD (Degree or title)		22b. ADDRESS Wright City		22c. DATE SIGNED 11-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/7/59	23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	23d. LOCATION (City, town, or county) (State) Wright City MO	

24. FUNERAL DIRECTOR Nieburg Furn & Und CO Wright City MO		25. DATE RECD. BY LOCAL REG. 11-6-59	26. REGISTRAR'S SIGNATURE Floyd Logan
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MO (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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Julius J. Mackung

Licensed Embalmer No. 3366
P. O. Address Wright City

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.