

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 8 5 8

FILED VS DEC 21 1959

118

Registration District No. 544.1

Registrar's No. 41

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY GASCONADE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN THIRD CREEK TWP.		Length of stay in lb LIFE TIME		c. CITY OR TOWN OWENSVILLE ROUTE 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION OWENSVILLE ROUTE 2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) OWENSVILLE ROUTE 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LOUIS THEODORE MICKE				4. DATE OF DEATH Month Day Year DEC. 8 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 April 12 1986	9. AGE (last birthday) 73	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) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) OWENSVILLE MO R 2 U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME FREDERICK MICKE			13b. MOTHER'S MAIDEN NAME KOTTWITZ		14. NAME OF HUSBAND OR WIFE STELLA MICKE NEE OWENS		
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 Address Mrs. Stella Micke Owensville R. 2			
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)			Acute Coronary Thrombosis				2 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Arteriosclerosis				---
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. <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 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 12-8-59 9p.m. to 12-8-59 and last saw him alive on 12-8-59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Paula Thomas, M.D. (Degree or title)				22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 12-10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 11 1959	23c. NAME OF CEMETERY OR CREMATORY St. Johns R&R Cem.		23d. LOCATION (City, town, or county) Woollam Mo.		(State)	
24. FUNERAL DIRECTOR Gottenstroeter Service				25. DATE RECD. BY LOCAL REG. Dec 11, 1959	26. REGISTRAR'S SIGNATURE Mrs. Marvin Lappmeyer		

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 Ma, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin H. H. H.

Licensed Embalmer No. 383

P. O. Address OWENSVILLE

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.