

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000786

STATE FILE NUMBER

Dr. Lake

77

3016

29

DEED FILED VS FEB 1 1960

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

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City			Length of stay in 1b 35yrs		c. CITY OR TOWN Jefferson 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 Chas E Still Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 512 Mullberry St.	
3. NAME OF DECEASED (Type or print) First Alfred Middle John Last Probst				4. DATE OF DEATH Month Jan Day 27 Year 1960			
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 4/16/98	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker			10b. KIND OF BUSINESS OR INDUSTRY Shoe Mfg		11. BIRTHPLACE (City and state or country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Albert Probst			13b. MOTHER'S MAIDEN NAME Wilhelmenia Schrieber		14. NAME OF HUSBAND OR WIFE Alice Probst		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address Alice Probst, Jefferson City, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Cerebral Hemorrhage DUE TO (c) Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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) Diabetes Mellitus, Diabetic Retinosis					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 checked="" 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.) Fall down Basement stairs				
20c. TIME OF INJURY 11:05 AM Jan 27 1960							
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.) 512 Mullberry		20f. CITY, TOWN, OR LOCATION Jefferson		COUNTY Cole	STATE MO
21. I attended the deceased from JAN 1 1950 to JAN 27 1960 and last saw him/her alive on JAN 27-1960 Death occurred at 7:20 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ernest E. Robert (Degree or title)				22b. ADDRESS Jefferson City, MO			22c. DATE SIGNED Jan 28-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/28/19.60	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) Jefferson City, Mo		(State)
24. FUNERAL DIRECTOR Thorpe J Gordon, Jefferson City, Mo				25. DATE REGD. BY LOCAL REG. 29 January 1960		26. REGISTRAR'S SIGNATURE R.P. Davis M. Richter, Dep.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 25 1960

VS NOV 29 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Joseph J. Fordum

Licensed Embalmer No. 1286

P. O. Address St. Louis, Mo.

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