

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-002582**

FILED VS FEB 1 1960

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LINN</b>	Length of stay in 1b <b>9 YRS</b>	c. CITY OR TOWN <b>JAMESTOWN</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 1/2 MI. - W. JAMESTOWN MO. HWY. 87</b>		d. STREET ADDRESS <b>3 1/2 MI. - W. JAMESTOWN MO. HWY. 87</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>NEU</b> Last <b>NEU</b>			4. DATE OF DEATH Month <b>JANUARY</b> Day <b>13</b> Year <b>1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-16-1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CARPENTRY</b>	11. BIRTHPLACE (City and state or country) <b>NEWPORT, KENTUCKY</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ADOLPH NEU</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA MAUL</b>		14. NAME OF HUSBAND OR WIFE <b>ALBINA WESLER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492-05-7685</b>	17. INFORMANT Address <b>MRS. WOL POEHLMANN, JAMESTOWN, MO.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>19 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pulmonary Edema</b>	
	DUE TO (c) <b>Congestive Heart Failure</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Atherosclerosis, Advanced, Generalized</b>		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 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 **10-7-55** to **1-13-60** and last saw him alive on **1-12-60**  
Death occurred at **6:00** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>D. Young</b> (Degree or Title)	22b. ADDRESS <b>Jamestown, Mo</b>	22c. DATE SIGNED <b>1-14-60</b>
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <b>1-15-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY CALIFORNIA, MO.</b>
23d. LOCATION (City, town, or county)		(State)

24. FUNERAL DIRECTOR ADDRESS <b>HUGH WILLIAMS, CALIFORNIA, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>1/16/60</b>	26. REGISTRAR'S SIGNATURE <b>Helen P. Payne</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

KS NOV 15 1980

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Russell C. Maa

Licensed Embalmer No. 4804

P. O. Address California,

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.