

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003054

FILED VS JAN 19 1960

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 11

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Francois</u>	
b. CITY (if outside corporate limits, give nearest city) OR TOWN <u>St. Francois</u> <u>Farmination - PURAL</u>		c. CITY OR TOWN <u>Desloge</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cunningham Nursing Home</u>		d. STREET ADDRESS <u>Tr outside, give location</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mora</u> Middle <u>E.</u> Last <u>Erlenbusch</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>8</u> Year <u>1960</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/24/1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Iron Mountain, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>William A. Setzer</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Dunham</u>	14. NAME OF HUSBAND OR WIFE (deceased) <u>George Erlenbusch</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-01-5250</u>	17. INFORMANT <u>brother Archie A. Setzer, Esther Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis & rt. hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 wks.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hypertensive Cardiovas dis.</u>		<u>years</u>
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 <u>1956 to Jan 8, 1960</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>11:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>R. Q. Hudstep M.D.</u>	(Degree or title)	22b. ADDRESS <u>Farmination, Mo</u>	22c. DATE SIGNED <u>1/12/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>January 10, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Bonne Terre Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>

24. FUNERAL DIRECTOR <u>Alvin W. Hood; 303 Crane St, Flat River, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Jan. 13, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>
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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 _____ or by _____, Student Embalmer No. 27, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. _____

P. O. Address _____

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.