

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005749

FILED VS MAR 10 1960 110

Primary Registration District No. 4182 Registrar's No. 4

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Haven | | c. CITY OR TOWN New Haven Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Julia Middle K. Last Cantley | | | 4. DATE OF DEATH Month Mar. Day 3 Year 1960 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-3-1887 | 9. AGE (last birthday) 73 | IF UNDER 1 YEAR IF UNDER 24 HR Months 1 Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Langenberg Hat Co. | | 10b. KIND OF BUSINESS OR INDUSTRY Hat Industry | | 11. BIRTHPLACE (City and state or country) Holstien Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Fritz W. Koch | | | 13b. MOTHER'S MAIDEN NAME Johann Jaeger | | | 14. NAME OF HUSBAND OR WIFE 3218 St. Jachin | |

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|---|--|---|--|---|--|
| 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. 492-07-6333 | | 17. INFORMANT Mr. Price Cantley St. Ann Mo. | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic cardiac vascular disease - duration unknown</i> DUE TO (b) <i>disease - duration unknown</i> DUE TO (c) <i>Collapsed coronary artery</i> | | | INTERVAL BETWEEN ONSET AND DEATH | | |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>And died without medical care</i> | | | 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 _____ to _____ and last saw her/him alive on _____
Death occurred at **12:01 P** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>Lawrence Dreyer</i> (Degree or title) | | 22b. ADDRESS <i>Lawrence Dreyer</i> | | 22c. DATE SIGNED <i>3/4/60</i> | |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Mar. 6, 1960 | | 23c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery | | 23d. LOCATION (City, town, or county) New Haven Mo. | |
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| 24. FUNERAL DIRECTOR L. G. Fertig & Son New Haven Mo. | | 25. DATE RECD. BY LOCAL REG. 3-4-1960 | | 26. REGISTRAR'S SIGNATURE <i>Lawrence Dreyer</i> <i>Deputy</i> | |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 15 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 MR _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl A. Darity

Licensed Embalmer No. 3385

P. O. Address Earl A. Darity

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