

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016095

FILED VS APR 20 1960

187

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 79

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis Co.				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richhill Twp.		Length of stay in lb 2 hrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) 36 Aaway East of Charleston Mo				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3631 Ohio Ave.		
3. NAME OF DECEASED (Type or print) First Carlyle Middle Irvin Last Sexauer				4. DATE OF DEATH Month April Day 15 , Year 1960				
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/29/23		
9. AGE (last birthday) 37		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) Printer			10b. KIND OF BUSINESS OR INDUSTRY Publishing Co.		11. BIRTHPLACE (City and state or country) Lincoln, Ill		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Carl Sexauer			13b. MOTHER'S MAIDEN NAME Eleanore Eberhardt			14. NAME OF HUSBAND OR WIFE XX		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. II			16. SOCIAL SECURITY NO. 481-30-1291		17. INFORMANT Carl Sexauer, Ogden, Iowa			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Skull with Cerebral Hematoma DUE TO (b) Automobile accident. DUE TO (c) _____ 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) Fracture of femur left femoral and fracture of pelvis						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. (Refer to injury in PART I or PART II of item 18.) Automobile accident				
20c. TIME OF INJURY 4-15-60		Hour _____ Month, Day, Year						
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.) U.S. Highway # 36		20f. CITY, TOWN OR LOCATION Chillicothe		COUNTY Livingston STATE MO.		
21. I attended the deceased from 4-15-60 to 4-15-60 and last saw him alive on 4-15-60 Death occurred at 4:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J. M. Dowell, M.D. (Degree or title)				22b. ADDRESS Chillicothe Mo		22c. DATE SIGNED 4-15-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/15/60		23c. NAME OF CEMETERY OR CREMATORY Glenwood cemetery		23d. LOCATION (City, town, or county) (State) Ogden, Iowa		
24. FUNERAL DIRECTOR J. Fred Treloar, Ogden, Iowa ADDRESS			25. DATE RECD. BY LOCAL REG. 4/15-60		26. REGISTRAR'S SIGNATURE Francis B Neill			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUL 10 1961 SA

APR 20 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 _____
Signature of Student Embalmer

Signed Richard W. Banda

Licensed Embalmer No. 4866

P. O. Address Chillicothe

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.