

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. MAY 10 1960 273

Primary Registration District No. 3051 Registrar's No. 65

60-016336
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville		c. CITY OR TOWN Perryville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P.C. Mem Hosp		d. STREET ADDRESS (If outside, give location) 544 E.Ste.Maries St.	

3. NAME OF DECEASED (Type or print) First Ernst Middle J Last Stuebinger			4. DATE OF DEATH Month May Day 3 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 3-9-1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Stuebinger			13b. MOTHER'S MAIDEN NAME Elizabeth Christisen		14. NAME OF HUSBAND OR WIFE Emilie Bachmann		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW1		16. SOCIAL SECURITY NO. 490-05-0870		17. INFORMANT Address Emilie Stuebinger Perryville, Mo.			
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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) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 4yr.	
DUE TO (b) _____			_____	
DUE TO (c) _____			_____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Demphigus vulgaris - in remission			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 checked="" type="checkbox"/> NO <input 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 _____		COUNTY _____		STATE _____	
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21. I attended the deceased from **7-9-57** to **5-3-60** and last saw ^{her} him alive on **5-3-60**
Death occurred at **11:25** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. F. Fairchild, M.D.			22b. ADDRESS Perryville, Mo.		22c. DATE SIGNED 5-3-60	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-6-1960		23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran		23d. LOCATION (City, town, or county) (State) Perryville, Mo.	
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24. FUNERAL DIRECTOR ADDRESS Young & Sons Perryville Mo		25. DATE RECD. BY LOCAL REG. 5-6-60		26. REGISTRAR'S SIGNATURE Joel J. Joellne	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 18 1960

MAY 13 1960
MAY 12 1960
MAY 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 402

P. O. Address Perry

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