

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018975

STATE FILE NUMBER

FILED VS. MAY 16 1960 115-116

Registration District No. _____ Primary Registration District No. 5434 Registrar's No. 101

UNDECEASED

1. PLACE OF DEATH a. COUNTY FRANKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOHNS TOWNSHIP		Length of stay in 1b # 83 yrs.	c. CITY OR TOWN R 2, WASHINGTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R2, WASHINGTON, MISSOURI.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R R, F. D. 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FREDERICK Middle H. Last PARDE			4. DATE OF DEATH Month MAY Day 8 Year 1960		
5. SEX MALE	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 1/31/1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 3 Days 7 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (City and state or country) WASHINGTON, MISSOURI.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY PARDE		13b. MOTHER'S MAIDEN NAME HENRIETTA STEFFENS		14. NAME OF HUSBAND OR WIFE EMILIE PARDE	
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. 487-14-6903		17. INFORMANT Address ARLIE F. RETTKE, R 2, WASHINGTON, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach					INTERVAL BETWEEN ONSET AND DEATH 1-2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)				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 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	
21. I attended the deceased from <u>12/28/59</u> to <u>5/18/60</u> and last saw him alive on <u>4/29/60</u> Death occurred at <u>12:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B. P. Wisenmann M.D. (Degree or title)			22b. ADDRESS New Haven, Mo.		22c. DATE SIGNED 5/10/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May, 11, 1960	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S EV. CEMETERY		23d. LOCATION (City, town, or county) (State) R.F.D. LESLIE, MISSOURI.	
24. FUNERAL DIRECTOR ADDRESS NIEBURG & VITT, INC. WASHINGTON, MO.		25. DATE RECD. BY LOCAL REG. 5/10/60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lester A. D.

Licensed Embalmer No. 3215

P. O. Address Washington

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