

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 7 1960

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-60-020323

STATE FILE NUMBER

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

DED

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 Salem Twp.		Length of stay in 1b Life	c. CITY OR TOWN Farrar Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farrar, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Martha M. Koenig			4. DATE OF DEATH Month Day Year 5-31-60		
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Claus Detjen		13b. MOTHER'S MAIDEN NAME Engel Ficken		14. NAME OF HUSBAND OR WIFE Joseph Koenig	
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. None	17. INFORMANT Address Joseph Koenig, Farrar, 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) Cerebrovascular arteriosclerosis 2 mo.		INTERVAL BETWEEN ONSET AND DEATH —
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) ① Non-functioning gall bladder ② Diverticulosis - colon		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 s.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 1-7-57 to 5-31-60 and last saw her alive on 5-18-60 Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Describe or title) G. F. Fairclough, M.D.		22b. ADDRESS Perryville, Mo.		22c. DATE SIGNED 6-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-3-60	23c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cem.	23d. LOCATION (City, town, or county) (State) Farrar, Mo.	
24. FUNERAL DIRECTOR ADDRESS Young & Sons Perryville, Mo.		25. DATE RECD. BY LOCAL REG. 6-3-60	26. REGISTRAR'S SIGNATURE Joe J. Zollner	

(Licensed Embalmer's Statement on Reverse Side)

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 Edward Young

Licensed Embalmer No. 2139

P. O. Address Emyville

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.