

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025602

FILED VS
ENDED

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 45

STATE FILE NUMBER

| | | | | | | |
|--|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Warren | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton | | Length of stay in 1b 10 years | c. CITY OR TOWN Warrenton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION 407 E. Walton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 407 E. Walton | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Clara Middle Elizabeth Last Mordt | | | 4. DATE OF DEATH Month June Day 27 Year 1960 | | | |
| 5. SEX Female | 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 1-3-1880 | 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (City and state or country) Montgomery County, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Finley Branstetter | | 13b. MOTHER'S MAIDEN NAME Calista Willet | | 14. NAME OF HUSBAND OR WIFE William F. Mordt | | |
| 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 Ray Mordt | | Address R.R. Warrenton, 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) Cerebral Thrombosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 wks | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. Cardio-Vascul. Renal Disease | | | | | | |
| DUE TO (c) | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus | | | | 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 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 a.m. p.m. | | | | | | |
| 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 6-17-60 to 6-27-60 and last saw her ^{him} alive on 6-26-60 Death occurred at 8:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE Walter Eysmann M.D. (Degree or title) | | | 22b. ADDRESS Warrenton, Mo | | 22c. DATE SIGNED 6-28-60 | |
| 23b. DATE 6-29-60 | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 23d. LOCATION (City, town, or county) (State) Warrenton, Mo. | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. June 28, 1960 | 26. REGISTRAR'S SIGNATURE Lloyd Logan | |

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 John E. Herliuge

Licensed Embalmer No. 440

P. O. Address Warrenton

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.