

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030178

FILED VS. SEP 14 1960/19

Registration District No. _____ Primary Registration District No. 5942 Registrar's No. 25

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp.		Length of stay in 1b 14 Yrs.		c. CITY OR TOWN Richland Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 Mi. S. W. of Hermann			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 12 Mi. S.W. Hermann		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First OTTO Middle FRED Last MOECK				4. DATE OF DEATH Month Sept. Day 1, 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 12-28-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Sales		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Moeck			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Louise Teckemeier Moeck		
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. 494-26-4390		17. INFORMANT Address Mrs. Louise Moeck-RFD Hermann, 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) Hypostatic pneumonia						INTERVAL BETWEEN ONSET AND DEATH 48 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral apoplexy						INTERVAL BETWEEN ONSET AND DEATH 10 days		
DUE TO (c) _____						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)						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 _____ 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 8/21/52 to 9/1/60 and last saw ^{him} alive on 8/30/60 Death occurred at 11:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>H. A. J. [Signature]</i> (Degree or title)				22b. ADDRESS Hermann, Mo.		22c. DATE SIGNED 9/3/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-5-60	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		23d. LOCATION (City, town, or county) (State) Stolpe, Mo.			
24. FUNERAL DIRECTOR Hugo H. Blumer ADDRESS Hermann, Missouri			25. DATE RECD. BY LOCAL REG. 9-4-60		26. REGISTRAR'S SIGNATURE <i>Delma Affelman</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 15 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 *August W. Deumer*
Student Embalmer No. _____

Licensed Embalmer No. 3160

P. O. Address Herrmann

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.