

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031527

FILED VS AUG 23 1960

273

3051

95

STATE FILE NUMBER

ENDED

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)																			
a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN		Inside Limits															
PERRY		PERRYVILLE		2 WEEKS		STE GENEVIEVE		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>															
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits		d. STREET ADDRESS (If outside, give location)		Reside on Farm															
PERRY CO MEMORIAL				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		ST MARY'S RD. RR#1		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
3. NAME OF DECEASED (Type or print)			First			Middle			Last			4. DATE OF DEATH			Month			Day			Year		
EDWARD OWEN			OCHS						JULY			31			1960								
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR											
MALE		WHITES				7/14/02		58		Months		Days		Hours		Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY											
FIREMAN				LIME MFG.				PERRY, CO, MO.				U.S.A.											
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE															
AUGUST OCHS				CHARA MEIER				ELLEN L. OCHS															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT Address															
NO				488-28-8868				Ellen L. Ochs to. Genemais Mo															
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH															
IMMEDIATE CAUSE (a)								Arteriosclerotic Heart Disease 2 1/2 yrs															
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.															
Probable multiple pulmonary emboli								<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																			
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															
				Perryville, Mo.		STE GENEVIEVE		MO															
21. I attended the deceased from 6-23-60 to 7-31-60 and last saw him alive on 7-30-60																							
Death occurred at 4:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE (Degree or title)				22b. ADDRESS				22c. DATE SIGNED															
G. F. Fairchild, MD.				Perryville, Mo.				8-2-60															
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)																	
		8/2/60		VALLE SPRING		STE GENEVIEVE MO																	
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE																	
Geo. C. Barber to. Genemais Mo				8-4-60		Jose J. Zollner																	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG 4 1960

SEP 20 1960

MS MAR 17 1961

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

Adrian J. Filler

Licensed Embalmer No. 4740

P. O. Address St. Louis

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.