

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-031784

FILED VS SEP 8 1960 316

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 347

INDEXED

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Francois Twp</b>		c. CITY OR TOWN <b>Farmington</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>512 Center St</b>	

3. NAME OF DECEASED (Type or print) First <b>Nicholaus</b> Middle <b>L.</b> Last <b>Joggerst</b>			4. DATE OF DEATH Month <b>September</b> Day <b>2</b> Year <b>1960</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/7/1885</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stonecutter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Monument Mfg.</b>	11. BIRTHPLACE (City and state or country) <b>River Aux Vases, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Nicholaus L. Joggerst</b>	13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Kline</b>	14. NAME OF HUSBAND OR WIFE <b>Dora Anna Kohn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>486-38-0088</b>	17. INFORMANT <b>Mrs Dora Joggerst, Farmington, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
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	
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw <sup>her</sup>him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ **1145<sup>A</sup>** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Alvan J. Karraku M.D.</b> (Degree or title)	22b. ADDRESS <b>Farmington Mo</b>	22c. DATE SIGNED <b>Apr 3, 60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9/5/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Calvary Cemetery</b>	23d. LOCATION (City, town, or county) <b>Farmington, Missouri</b>
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24. FUNERAL DIRECTOR <b>Miller Funeral Home, Farmington, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Sept. 3, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rueloff</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 14 1960

SEP 19 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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.