

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 29 1960

60-035285

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 116

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JEFFERSON</u>	a. STATE <u>Mo</u>		b. COUNTY <u>JEFF</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CRYSTAL CITY</u>	Length of stay in 1b	c. CITY OR TOWN <u>Festus</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>412 8th St</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RR #1</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>EMIL</u>	Middle <u>J.</u>	Last <u>JOSEPH</u>	4. DATE OF DEATH	Month <u>SEPT</u>	Day <u>17</u>	Year <u>1960</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 5, 1879</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>HARRISONVILLE, ILL</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
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13a. FATHER'S NAME <u>HENRY JOSEPH</u>	13b. MOTHER'S MAIDEN NAME <u>MAGDALENE REGNER</u>	14. NAME OF HUSBAND OR WIFE <u>FRIEDA JOSEPH</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>FRIEDA JOSEPH</u>	Address <u>R #1 FESTUS, Mo</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		<u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Pulmonary Edema & myocardial failure</u>	
	DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	<u>5 yrs</u>
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"/> N: <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.)
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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 checked="" 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 9/17/60 to 9/17/60 and last saw her alive on 9/17/60
Death occurred at 11:00 h on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Herculaneum Mo</u>	22c. DATE SIGNED <u>9/19/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept 20, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET</u>	23d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>
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24. FUNERAL DIRECTOR <u>James R. Cady, Crystal City, MO</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-19-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

090. 02 1007

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James Richard Cadogan

Licensed Embalmer No. 4309

P. O. Address Crystal C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.