

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041411

STATE FILE NUMBER

Bluff 1323
 REGISTRATION DISTRICT NO. **77**

Primary Registration District No. **3016**

Registrar's No. **417**

INDEXED

1. PLACE OF DEATH a. COUNTY Cole County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade				
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City, Mo.		Length of stay in 1b Two days		c. CITY OR TOWN Hermann		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles E. Still Osteo			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 211 W. Sixth Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (Unnamed Baby Boy) Hart				4. DATE OF DEATH Month December Day 8 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/6/60	9. AGE (last birthday) IF UNDER 1 YEAR Months 2 Days 2 Hours 13 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY (None)		11. BIRTHPLACE (City and state or country) Jefferson City, Mo		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Joe Hart			13b. MOTHER'S MAIDEN NAME Janet Ann Schannuth			14. NAME OF HUSBAND OR WIFE *****		
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 Address Leland Lenger, 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) Central respiratory dysfunction DUE TO (b) Atelectasis DUE TO (c) Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								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 8:20 a.m. 12/8/60 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.) 12-6-60,		20f. CITY, TOWN, OR LOCATION 12/8/60		COUNTY Hermann, Mo		STATE Mo
21. I attended the deceased from 12-6-60, to 12/8/60 and last saw ^{her} him alive on 12/8/60 Death occurred at 8:20 12/8/60 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Hugo H. Blumer</i> (Degree or title)				22b. ADDRESS 1201 S. Madison			22c. DATE SIGNED 12-8-60 (State)	
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE 12/9/1960	23c. NAME OF CEMETERY OR CREMATORY Hermann, Mo		23d. LOCATION (City, town, or county) Hermann, Mo			
24. FUNERAL DIRECTOR Hugo H. Blumer Hermann, Mo				25. DATE RECD. BY LOCAL REG. 9 December 1960		26. REGISTRAR'S SIGNATURE <i>R.P. Davis, M.D. - Richter, D.C.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

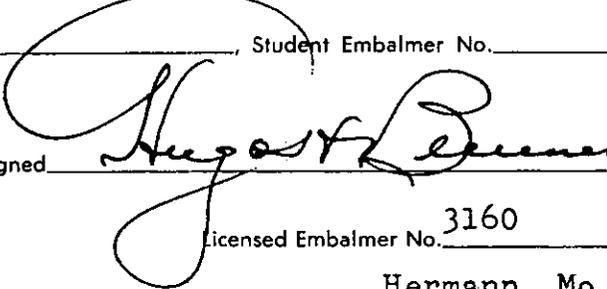
STATEMENT BY LICENSED EMBALMER

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


Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

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.