

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047227

FILED VS DEC 28 1960

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 499

STATE FILE NUMBER

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)			
a. COUNTY ST FRANCOIS		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FARMINGTON		a. STATE MO		b. COUNTY ST FRANCOIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 113 Nelson Street		Length of stay in 1b		c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 113 NELSON STR		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type in FULLY) First Middle Last MARY E WITTE VON FANGE				4. DATE OF DEATH Month Day Year DEC 19 1960			
5. SEX FEMALE	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 MAY 26 1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE		11. BIRTHPLACE (City and state or country) APPLETON CITY MISSOURI		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME JOHN FREDERICK WITTE			13b. MOTHER'S MAIDEN NAME WILHELMIE NE MOLLER		14. NAME OF HUSBAND OR WIFE WILLIAM H. VON FANGE		
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 WILLIAM H VON FANGE		Address 113 NELSON FARMINGTON, 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) <u>Coronary Occlusion</u>						5 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						1-2 yrs	
DUE TO (c) <u>Arterio Sclerotic Heart Disease</u>						10 yrs	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>Sept 15, 1958</u> to <u>Dec 19, 1960</u> and last saw her ^{her} alive on <u>Dec 21, 1960</u> Death occurred at <u>4:25 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. Rejzinski</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>12/19/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC 22 1960		23c. NAME OF CEMETERY OR CREMATORY LUTHERAN		23d. LOCATION (City, town, or county) (State) FARMINGTON MISSOURI	
24. FUNERAL DIRECTOR C H COZEAN FARMINGTON MISSOURI		25. DATE RECD. BY LOCAL REG. Dec. 19, 1960		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 8 1962

JAN 1 1962

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 _____
C. H. Coyle

Licensed Embalmer No. 40

P. O. Address Farmington

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.