

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048572

LED VS DEC 23 1960

Registration District No. 374 Primary Registration District No. 4247 Registrar's No. 40

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City		Length of stay in 1b 2 1/2 years	c. CITY OR TOWN Grant City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) John Davis Tschacher			4. DATE OF DEATH Month November Day 22 Year 1960		
5. SEX Male	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 3-6-1921	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Furniture Store	11. BIRTHPLACE (City and state or country) Casper, Wyoming	12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME John A. Tschacher		13b. MOTHER'S MAIDEN NAME Clara Fenderick		14. NAME OF HUSBAND OR WIFE Mrs. Betty Jean Tschacher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II		16. SOCIAL SECURITY NO. 505-14-6476	17. INFORMANT Address Mrs. Betty Jean Tschacher-Grant City, 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) Cerebral Embolus			INTERVAL BETWEEN ONSET AND DEATH 10 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombophlebitis			3 days
DUE TO (c) Inactivity due to back injury & Fracture of calcaneus			11 mos
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 checked="" 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.) fell with frt., elevator at Graces store	
20c. TIME OF INJURY Hour 3:50 AM Month, Day, Year Jan 6 1960	in Denver, Mo , where employed		
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.) Store	20f. CITY, TOWN, OR LOCATION Denver	COUNTY Worth STATE Mo
21. I attended the deceased from Jan 6 3:50 AM to Nov 22 and last saw him alive on Nov 21, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>Frank B. Matterson md</i>		22b. ADDRESS Grant City, Missouri		22c. DATE SIGNED 11-23-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-28-1960	23c. NAME OF CEMETERY OR CREMATORY Sidney	23d. LOCATION (City, town, or county) (State) Sidney, Nebraska	
24. FUNERAL DIRECTOR <i>Bill A. Duffer</i>		25. DATE RECD. BY LOCAL REG. Dec. 19, 1960	26. REGISTRAR'S SIGNATURE <i>Kate E. Dawson</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 23 1960

FEB 24 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 Bill A. Duff

Licensed Embalmer No. 4902

P. O. Address Frank

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.