

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000840

FILED VS JAN 30 1961

STATE FILE NUMBER

AMENDED

Registration District No. 115-116 Primary Registration District No. 4187 Registrar's No. 21

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) UNION			Length of stay in 1b	c. CITY OR TOWN UNION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 400 W. SPRINGFIELD			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GUSTAVE Middle J. Last HELLING				4. DATE OF DEATH Month JAN. Day 19 Year 1961			
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 JULY 9, 1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 6 Days 10	IF UNDER 24 HR Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY FLOUR MILLING		11. BIRTHPLACE (City and state or country) PORT HUDSON, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME PETER HELLING			13b. MOTHER'S MAIDEN NAME WILHELMINA KAISER			14. NAME OF HUSBAND OR WIFE FLORA R. HELLING	
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 MRS. FLORA HELLING W. SPRINGFIELD		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio sclerotico Cardio Vasculum Disease</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ 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>1-30-1958</u> to <u>1-19-61</u> and last saw ^{her} him alive on <u>1-12-61</u> Death occurred at <u>7:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>B. H. Stukeman M.D.</i>				22b. ADDRESS <i>Union Mo</i>		22c. DATE SIGNED <i>1-20-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 21, 1961	23c. NAME OF CEMETERY OR CREMATORY ST. PAULS E & R CEM.		23d. LOCATION (City, town, or county) (State) GERALD MISSOURI		
24. FUNERAL DIRECTOR ADDRESS OLTMANN FUNERAL HOME UNION, MO.				25. DATE RECD. BY LOCAL REG. <i>1/21/61</i>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

MAR 2 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

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.