

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004890

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 36

FILED VS FEB 20 1961

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON City</u>		Length of stay in 1b <u>6 YRS</u>	c. CITY OR TOWN <u>JEFFERSON City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>312 Church</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>312 Church St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>TERRY WAYNE Idel</u>		4. DATE OF DEATH Month Day Year <u>2 14 61</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/26/43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (last birthday) <u>17</u>
11. BIRTHPLACE (City and state or country) <u>Owensville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>Alfred Idel</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Koelling</u>	
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. <u>NONE</u>	
17. INFORMANT <u>Alfred Idel</u>		Address <u>312 Church Jefferson</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RESPIRATORY PARALYSIS - INTERCOSTAL - DYPNOEASIS</u> DUE TO (b) <u>MUSCULAR DYSTROPHY</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>PARALYSIS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MUSCULAR ATROPHY - IRAMINATION</u>			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 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>2/14/61</u> to _____ and last saw him alive on <u>3 AM</u> Death occurred at <u>3 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lawrence Giffen D.O.</u>		22b. ADDRESS <u>430 HIGH JEFFERSON CITY, MO</u>	22c. DATE SIGNED <u>2-14-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2/16/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Owensville City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Owensville Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Gottenstroeter Service Owensville Mo. 14 February 1961</u>		25. DATE RECD. BY LOCAL REG. <u>14 February 1961</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris MD - Richter, Dep</u>

(Licensed Embalmer's Statement on Reverse Side)

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 JERRY A. THOMPSON, Student Embalmer No. 624

working under my personal supervision

Student

Jerry A. Thompson
Signature of Student Embalmer

Signed

Michael H N White

Licensed Embalmer No.

3838

P. O. Address

OWENSVILLE

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.