

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-005025

STATE FILE NUMBER

AMENDED

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 40

FILED VS FEB 20 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Franklin		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN Washington		d. STREET ADDRESS (If outside, give location) R. R. 1 East, Box 210	
Length of stay in 1b 2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Cheryl Christine Trentmann				4. DATE OF DEATH Month Day Year February 10, 1961			
5. SEX F	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 2/10/61	9. AGE (last birthday)	IF UNDER 1 YEAR Months - Days -	IF UNDER 24 HR Hours - Min.	10 30
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) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wilbert Wm. Trentmann			13b. MOTHER'S MAIDEN NAME Geraldine Rose Dehn		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT Wilbert W. Trentmann, Washington			
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 10 1/2 hrs	
IMMEDIATE CAUSE (a) Premature Birth							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1-10-1961 to 1-11-1961 and last saw her alive on 1-10-1961 Death occurred at 12:30 a.m. CST on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) B. A. Steinhilber M.D.				22b. ADDRESS 318 E. Saint Union Mo.		22c. DATE SIGNED 1-11-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/11/61	23c. NAME OF CEMETERY OR CREMATORY St. Johns Church Cem.		23d. LOCATION (City, town, or county) (State) Villa Ridge, Missouri			
24. FUNERAL DIRECTOR Henry W. Otto, Washington, Mo.			25. DATE RECD. BY LOCAL REG. 2/11/61		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

MEDICAL CERTIFICATION

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

not embalmed
Signed *Henry W. Otto*

Licensed Embalmer No. *3560*

P. O. Address *Washington*

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.