

PURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013246

STATE FILE NUMBER

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

RECEIVED

FILED MAY 2 1961

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)

OR TOWN UNION

Length of stay in 1b

c. CITY OR TOWN

UNION

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

505 UNION ST.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First HENRY

Middle WILLIAM

Last VORDERBRUEGGE

4. DATE OF DEATH

Month APRIL

Day 27

Year 1961

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

FEB. 12, 1877

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months 2

Days 15

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY

SHOE WORKER

11. BIRTHPLACE (City and state or country)

HOPE, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM VORDERBRUEGGE

13b. MOTHER'S MAIDEN NAME

LOUISE TEMME

14. NAME OF HUSBAND OR WIFE

EMMA VORDERBRUEGGE

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.

499-03-4684

17. INFORMANT

Address

MRS. EMMA VORDERBRUEGGE UNION, 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)

Intoxicated condition

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

diarrhea

DUE TO (c)

1 day?

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 4/26/61 to 4/26/61 and last saw her alive on 4/26/61
Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

APRIL 30, 1961

23c. NAME OF CEMETERY OR CREMATORY

ZION E & R CEME.

23d. LOCATION (City, town, or county)

UNION, MO.

24. FUNERAL DIRECTOR

ADDRESS

OLTMANN FUNERAL HOME UNION, MO.

25. DATE RECD. BY LOCAL REG.

4/29/61

26. REGISTRAR'S SIGNATURE

Leola P. Sudmann

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Altman

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.