

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020786

STATE FILE NUMBER

AMENDED

Registration District No. 87 Primary Registration District No. 5324 Registrar's No. 8

FILED JUN 23 1961

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonetwisp</u>		Length of stay in 1b <u>1 Year</u>	c. CITY OR TOWN <u>Boonhoun</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>R. R. #1</u> <u>Highway 2 1/2 miles N of Boonhoun</u>

3. NAME OF DECEASED (Type or print) First <u>Ralph</u> Middle <u>Norman</u> Last <u>Immerkus</u>			4. DATE OF DEATH Month <u>June</u> Day <u>21</u> Year <u>1961</u>	
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 2 1921</u>	9. AGE (last birthday) <u>39</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Boonhoun Roller mill</u>	11. BIRTHPLACE (City and state or country) <u>hebanon, mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Luther Immerkus</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Ziemann</u>	14. NAME OF HUSBAND OR WIFE <u>Juanita Satterbee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>	17. INFORMANT <u>Juanita Immerkus</u>	Address <u>212 E. Montreal Sullivan, Mo</u>
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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
IMMEDIATE CAUSE (a) <u>By Motor Vehicle</u>	DUE TO (b) <u>Left Unattended</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Henry M. Jones</u> (Degree or title)	22b. ADDRESS <u>St. Louis, Mo</u>	22c. DATE SIGNED <u>June 22-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 23 1961</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Boonhoun</u>	23d. LOCATION (City, town, or county) (State) <u>Boonhoun Mo.</u>
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24. FUNERAL DIRECTOR <u>Norman E. Hoener</u>	ADDRESS <u>Cuba, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-22-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DATE PROVIDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 27 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 Albert Edging

Licensed Embalmer No. 3504

P. O. Address Bourbon,

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.