

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021756

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. Registrar's No. 117

AMENDED **FILED JUL 6 1961**

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

1. PLACE OF DEATH a. COUNTY LACED DE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DOVE RURAL Cedar Grove Nursing H		Length of stay in 1b 9 Mos		c. CITY OR TOWN Richland	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Grove Nurshing		Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d. STREET ADDRESS (If outside, give location) Rt #2	
3. NAME OF DECEASED (Type or print) Irwin Fred Hengelsberg			4. DATE OF DEATH Month June Day 19 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov 4 1873	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10b. KIND OF BUSINESS OR INDUSTRY Commercial		11. BIRTHPLACE (City and state or country) St Louis Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME unknown deceased		13b. MOTHER'S MAIDEN NAME unknown deceased	
14. NAME OF HUSBAND OR WIFE Deceased		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. 	
17. INFORMANT Homer Stevens		Address Rt #2 Richland 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) Fracture left femur					INTERVAL BETWEEN ONSET AND DEATH 98 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis					years
DUE TO (c) arteriosclerotic heart disease					years
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 checked="" 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.) Fell walking from chair to bed.			
20c. TIME OF INJURY Hour 2:30 Month, Day, Year p.m. 6-15-61		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 Richland		COUNTY Missouri		STATE Missouri	
21. I attended the deceased from 6-15-61 to 6-15-61 and last saw ^{her} him alive on 6-15-61 Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE B B Hurd (Degree or title) MD			22b. ADDRESS Lebanon Missouri		22c. DATE SIGNED 6/21/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/21/61	23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		23d. LOCATION (City, town, or county) (State) Richland, Missouri	
24. FUNERAL DIRECTOR CEMOSS ADDRESS Richland Mo Moss Williams Funeral Homes		25. DATE RECD. BY LOCAL REG. 6-29-1961		26. REGISTRAR'S SIGNATURE Hella L. Hlay	

JUL 4 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 Clarence Pross

Licensed Embalmer No. 4896

P. O. Address Waynesville, Va.

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.