

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

City of Vandalia, Mo.

-61-021904

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 190

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b	c. CITY OR TOWN Vandalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 401 W. Walsh		
3. NAME OF DECEASED (Type or print) First Melvin Middle Jerry Last Herren			4. DATE OF DEATH Month May Day 23 Year 1961			
5. SEX Male	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 3-20-1941	9. AGE (last birthday) 20 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not able to work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Curryville, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Melvin Waldo Herren			13b. MOTHER'S MAIDEN NAME Goldie Marie Hacks		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Waldo Herren, Vandalia, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TERMINAL UREMIA					INTERVAL BETWEEN ONSET AND DEATH 18-72 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) LOWER NEPHRON NEPHROSIS.					72 hours	
DUE TO (c) FULMINATING SEPTICEMIA					11 week	
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 a.m. p.m.	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
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from 5-16-61 to 5-23-61 and last saw ^{her} him alive on 5-23-61 Death occurred at 5-23-61 11 am on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Anthony J. Giegler Jr. M.D.</i>			22b. ADDRESS Vandalia, Mo.		22c. DATE SIGNED 5-26-61	
23a. BURIAL, CREMATORY, REMOVAL (Specify) Burial		23b. DATE 5-26-61	23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		23d. LOCATION (City, town, or county) (State) Vandalia, Missouri	
24. FUNERAL DIRECTOR <i>William Blanton Spulake, Mo.</i>			25. DATE RECD. BY LOCAL REG. 5/29/61		26. REGISTRAR'S SIGNATURE <i>Dr. E.M. Lusche by Lillian M. Herman</i>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 William B. Water

Licensed Embalmer No. 4169

P. O. Address Vandalia, 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.