

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-022069

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 74

FILED JUN 28 1961

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville		c. CITY OR TOWN Perryville	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry County Memorial Hospital		d. STREET ADDRESS (If outside, give location) R.2.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ida Middle Bertha Last Blechle			4. DATE OF DEATH Month June Day 18 Year 1961			
5. SEX Female	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 Jan. 10, 1883	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Cape Girardeau County, Mo.		11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME August Bahner		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joseph Blechle		

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date) No	16. SOCIAL SECURITY NO.	17. INFORMANT Edgar Blechle, Perryville, Mo.
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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: IMMEDIATE CAUSE (a) Myocardial Deкомпensation		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
DUE TO (b) Chr. Myocarditis		
DUE TO (c)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		1 yr.

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 type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 6:45 P.M. Month, Day, Year June 17, 1961
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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.) Home	20f. CITY, TOWN, OR LOCATION Perryville	COUNTY Mo.	STATE Mo.
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21. I attended the deceased from June 17, 1961 to June 18, 1961 and last saw him alive on June 18, 1961 Death occurred at 6:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. A. Carron MD (Degree or title)	22b. ADDRESS Perryville Mo	22c. DATE SIGNED 6-21-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 21, 1961	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery, Biehle, Mo.	23d. LOCATION (City, town, or county) (State) Biehle, Mo.
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24. FUNERAL HOME OR ADDRESS Albert Bey, Perryville, Mo.	25. DATE RECD. BY LOCAL REG. 6-21-61	26. REGISTRAR'S SIGNATURE Jos J Zaellner
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

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 _____

Licensed Embalmer No. 3866

P. O. Address: Perryville, Pa.

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.