

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024450

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 4121 Registrar's No. 13

AMENDED

FILED AUG 3 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

| | | | | | | | | | | | | | |
|---|--|---|--|---|---|--|---|--|------------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Christian</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u> | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Billings</u> | | Length of stay in 1b <u>59 years</u> | | c. CITY OR TOWN <u>Billings</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>no street address</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Fredrick</u> Last <u>Gustav Verch</u> | | | | 4. DATE OF DEATH Month <u>July</u> Day <u>25</u> Year <u>1961</u> | | | | | | | | | |
| 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>12/15/1901</u> | | 9. AGE (last birthday) <u>59</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Carpenter & Laborer</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home Building & Marshall City</u> | | 11. BIRTHPLACE (City and state or country) <u>Billings, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | | | | |
| 13a. FATHER'S NAME <u>Herman G. Verch</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Anna Utritz</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>Susie Turner, Brown</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | | 16. SOCIAL SECURITY NO. <u>--</u> | | 17. INFORMANT Address <u>Mrs. Susie Verch, Billings, Missouri</u> | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Colson</u> | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Meningitis</u> | | | | | | | | 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 checked="" 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 | | | | | |
| 21. I attended the deceased from <u>7-15-61</u> to <u>7-23-61</u> and last saw ^{her} _{him} alive on <u>7-23-61</u> Death occurred at <u>2:35</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | | | 22b. ADDRESS | | | 22c. DATE SIGNED <u>7/28/61</u> | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>7/27/1961</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Evangelical Cemetery</u> | | | | 23d. LOCATION (City, town, or county) (State) <u>Billings, Missouri</u> | | | | | |
| 24. FUNERAL DIRECTOR <u>J. Alan Harris</u> ADDRESS <u>Clever, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>July 31, 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Olive Huttler</u> | | | | | | | |

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

AUG 9 1961

MS JUL 26 1962

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 J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.