

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-024558

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 225

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY COLE b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON CITY Length of stay in 1b JEFFERSON CITY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE c. CITY OR TOWN JEFFERSON CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St Marys' hospital Institution Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 619 Georgia St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HERMAN Middle JOSEPH Last TROESSER			4. DATE OF DEATH Month AUG. Day 2 Year 1961			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/25/1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U S Boat Yards		10b. KIND OF BUSINESS OR INDUSTRY Frankenstine Mo		11. BIRTHPLACE (City and state or country) USA		
13a. FATHER'S NAME Matt Troesser		13b. MOTHER'S MAIDEN NAME Helm Haslar		14. NAME OF HUSBAND OR WIFE Mrs Herman J Troesser		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs Herman J Troesser Jefferson City, 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) Cerebral hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) hypertensive cardiovascular disease DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 4 days
--	--	---

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"/> N. <input type="checkbox"/> Unknown	
---	--	--	--

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.)	
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 Jefferson City	COUNTY COLE	STATE MO
21. I attended the deceased from July 20/61 to Aug 2/61 and last saw him live on Aug 2/61 . Death occurred at 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

21a. SIGNATURE (Degree or title) Dean A Taylor M.D.		21b. ADDRESS Jefferson City		22c. DATE SIGNED 8-4-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/5/1961	23c. NAME OF CEMETERY OR CREMATORY Assumption Catholic	23d. LOCATION (City, town, or county) (State) Morrison Mo	

24. FUNERAL DIRECTOR ADDRESS Clyde Morton Linn Mo		25. DATE RECD. BY LOCAL REG. 4 August 1961	26. REGISTRAR'S SIGNATURE RP Norris, MD - M Richter
---	--	--	---

AUG 8 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 *Omer Louis Jones*

Licensed Embalmer No. 4411

P. O. Address Belle Me.

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.