MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028587
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 352

FILED SEP 5 1961

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Ridge, Rt #1 — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Apple Creek Township — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cape Girardeau
c. CITY OR TOWN Oak Ridge Rt #1 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Apple Creek township — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First WILLIE Middle F Last MAINTZ
4. DATE OF DEATH: Month Aug Day 18 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sep31898
9. AGE (last birthday): 62
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Oak Ridge Rt #1
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Fred Maintz
13b. MOTHER'S MAIDEN NAME: Minnie Kester
14. NAME OF HUSBAND OR WIFE: Flora Tuschhoff Maintz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Flora Tuschoff Maintz, Address: OakRidge rtl

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Crushed chest on Left side of Sternum
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — Accident
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Tractor overturned on him.
20c. TIME OF INJURY Hour ? a.m. p.m. Month, Day, Year 8-18-61
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
20f. CITY, TOWN, OR LOCATION Rt #1 Oak Ridge COUNTY Cape Gir. STATE Mo.

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 3:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. J. Ford (Degree or title) Coroner
22b. ADDRESS Cape Girardeau, Mo.
22c. DATE SIGNED 8-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 20 1961
23c. NAME OF CEMETERY OR CREMATORY Kurreville Cemetery
23d. LOCATION (City, town, or county) Millersville (State) Mo
24. FUNERAL DIRECTOR Miller ADDRESS Jackson Mo
25. DATE RECD. BY LOCAL REG. 8-28-61
26. REGISTRAR'S SIGNATURE Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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. 4327

P. O. Address _____

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.