MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029907
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 105

AMENDED

FILED SEP 6 1961

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON MEMORIAL — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY STE. GEN.
c. CITY OR TOWN STE. GENEVIEVE. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS RR#2 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Paul Middle Arthur Last Jokerst
4. DATE OF DEATH Month 8-21-61 Day Year
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-10-39
9. AGE (last birthday) 22 — 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) ARMY
10b. KIND OF BUSINESS OR INDUSTRY U.S.ARMY RESERVE
11. BIRTHPLACE (City and state or country) BLOOMSDALE, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ARTHUR J. JOKERST
13b. MOTHER'S MAIDEN NAME MARY S. GREMMINGER
14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service)
17. INFORMANT ARTHUR J. JOKERST Address STE. GEN. 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) Multiple Fractures — INTERVAL BETWEEN ONSET AND DEATH 15 min
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)
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 ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) single car Accident
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.) Highway
20f. CITY, TOWN, OR LOCATION Joachim Twsp COUNTY Jeff STATE Mo

21. I attended the deceased from Coroner's, to View and last saw her/him alive on
Death occurred at 4:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C. Rehm W.C. Coroner
22b. ADDRESS Festus Mo.
22c. DATE SIGNED 8-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-24-61
23c. NAME OF CEMETERY OR CREMATORY ST. AGNES
23d. LOCATION (City, town, or county) (State) BLOOMSDALE, MO.

24. FUNERAL DIRECTOR ADDRESS Leo Basler, Ste. Genevieve, Mo.
25. DATE RECD. BY LOCAL REG. 8-23-61
26. REGISTRAR'S SIGNATURE [signature]

(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

MEDICAL CERTIFICATION

SEP 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 [illegible]

Licensed Embalmer No. 3481

P. O. Address [illegible]

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.