

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033372

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 30

FILED OCT 16 1961

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF SHOULD READ

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HILLSBORO, MO.		c. CITY OR TOWN HILLSBORO	
Length of stay in 1b 4 1/2 YRS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CEPAP HILL N. HOME		d. STREET ADDRESS (If outside, give location)	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROSE J. ENGLEHARDT			4. DATE OF DEATH Month Day Year 9-9-61
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 12-31-80
9. AGE (last birthday) 80		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) COOK		10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT	11. BIRTHPLACE (City and state or country) HILLSBORO, MO.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME HENRY KOERNER	
13b. MOTHER'S MAIDEN NAME JULIA EVANS		14. NAME OF HUSBAND OR WIFE MRS WM. CLAVON FESTUS # 2	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS WM. CLAVON FESTUS # 2		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 5 years
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. <input type="checkbox"/> Yes <input checked="" 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. 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	COUNTY STATE
21. I attended the deceased from March 1, 1956 to Sept. 9, 1961 and last saw her/him alive on Sept. 3, 1961 Death occurred at 9:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert S. Sanders M.D.		22b. ADDRESS 1502 Cass Av. St Louis	22c. DATE SIGNED 9-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-12-61	23c. NAME OF CEMETERY OR CREMATORY GAMEL CEMETERY	23d. LOCATION (City, town, or county) (State) FESTUS, MO.
24. FUNERAL DIRECTOR ENTRY R. POLITTE CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. 9-14-61	26. REGISTRAR'S SIGNATURE Cavelle Price MD	

MS OCT 16 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 Gustav E. Salter

Licensed Embalmer No. 3481

P. O. Address Crystal C.

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.