

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-033393-

STATE FILE NUMBER

AMENDED

FILED OCT 11 1961 Primary Registration District No. 5394 Registrar's No. 96

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Meramec</i>		Length of stay in 1b	c. CITY OR TOWN <i>Jefferson City, Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Joseph Hills</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>111 E Mc Carty</i>	
3. NAME OF DECEASED (Type or print) First <i>HENRY</i> Middle <i>JOSEPH</i> Last <i>VETTER</i>			4. DATE OF DEATH <i>SEPT. 26, 1961</i> Month <i>SEPT.</i> Day <i>26</i> Year <i>1961</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/29/71</i>	9. AGE (last birthday) <i>89</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Jefferson City, Mo. USA</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Peter Vetter</i>		13b. MOTHER'S MAIDEN NAME <i>Caroline Baller</i>		14. NAME OF HUSBAND OR WIFE <i>Adelaide Heimericks</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Mrs. Leo Schwaller J C Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular accident</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis with</i>					
DUE TO (c) <i>Cerebral and Cardiovascular involvement</i>					
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"/> 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 Month, Day, Year <i>p.m.</i>					
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 <i>August 30th</i> to <i>9/26</i> and last saw him alive on <i>9/21/61</i> . Death occurred at <i>10:15 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Robert E. Hogan M.D.</i>		(Degree or title)		22b. ADDRESS <i>2623 Telegraph Rd. St. Louis 20 Mo.</i>	22c. DATE SIGNED <i>9/30/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9/28/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St Peters</i>		23d. LOCATION (City, town, or county) (State) <i>Jefferson City, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Dulle Funeral Home J C Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-28-61</i>		26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>	

1961 JAN 27

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 Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.