

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041696

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 20470 Registrar's No. 79

FILED NOV 29 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY MADISON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN MO		Length of stay in 1b MO		c. CITY OR TOWN KNOBlick	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD. # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First CONRAD		Middle FREDERICK		Last DETRING		Month Day Year NOV. 15 1961	
5. SEX MALE	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 6/29/86	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) LIBERTYVILLE MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM DETRING			13b. MOTHER'S MAIDEN NAME MARGARET STRAHLMAN			14. NAME OF HUSBAND OR WIFE GRACE GRAHAM DETRING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Donald Detring Farmington Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral thrombosis - left hemiplegia						4 wks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)	
DUE TO (c) Cerebral Arteriosclerosis							
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 s.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		COUNTY STATE	
21. I attended the deceased from 1956 to Nov 15, 1961 and last saw him alive on Nov. 14, 1961 Death occurred at 2:30/A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R.A. Huckstep M.D.				22b. ADDRESS Farmington, MO		22c. DATE SIGNED 11/15/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/17.61		23c. NAME OF CEMETERY OR CREMATORY CHRISTIAN		23d. LOCATION (City, town, or county) (State) LIBERTYVILLE MO.	
24. FUNERAL DIRECTOR ADDRESS C.H. COZEAN FARMINGTON MO.				25. DATE RECD. BY LOCAL REG. 11-20-1961		26. REGISTRAR'S SIGNATURE Frederick Tucker	

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF ITEM NO. SHOULD READ

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

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 _____

C. H. Coyle

Licensed Embalmer No. 4081

P. O. Address Farmington

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.