

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000843

STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 51

FILED FEB 5 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY COLE		b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON CITY		a. STATE MISSOURI		b. COUNTY COLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CAPITAL CITY NURSING HOME		Length of stay in 1b 5 YEARS		c. CITY OR TOWN JEFFERSON CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS EAST CAPITOL ST.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First EMMA		Middle C.		Last NILGES		Month Day Year JANUARY 31 1962	
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 24 Oct 18	9. AGE (last birthday) 90	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) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Vermillion, S. Dakota		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME August Garzend			13b. MOTHER'S MAIDEN NAME Philianna Jacques		14. NAME OF HUSBAND OR WIFE Henry Nilges		
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.		17. INFORMANT Address John L. Garzend, Linn, 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) Ventricular fibrillation							5 min
DUE TO (b) arteriosclerotic cardiovascular disease							3 yrs
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. 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 Jan 1960 to Jan 1962 and last saw her/him alive on Jan 30 1962 Death occurred at 4:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE LE [Signature] (Degree or title) D.O.				22b. ADDRESS 420 E. N. [Signature]		22c. DATE SIGNED 2/1/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2 Feb. 1962		23c. NAME OF CEMETERY OR CREMATORY St. George		23d. LOCATION (City, town, or county) (State) Linn, Mo.	
24. FUNERAL DIRECTOR ADDRESS Clyde Morton Linn, Mo.				25. DATE RECD. BY LOCAL REG. 1 February 1962		26. REGISTRAR'S SIGNATURE R. P. [Signature]	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 *Jerman Morton*

Licensed Embalmer No. *4125*

P. O. Address *Leim 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.