

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002992

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

273

15

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED JAN 30 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY Perry		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Salem TWP		Length of stay in lb Life		c. CITY OR TOWN Frohna		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Frohna Rte #1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rte #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 Gottlieb		Middle Mahnken		Last Mahnken		Month Day Year Jan. 20 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-2-1884	9. AGE (last birthday) 77	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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Mahnken			13b. MOTHER'S MAIDEN NAME Marie Versman			14. NAME OF HUSBAND OR WIFE Verna Kassel Mahnken		
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 Mrs Verna Mahnken Frohna Rte #1 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) Coronary Occlusion							8 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis							5 years	
DUE TO (c) Arteriosclerosis, General							16 years	
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 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 May 18, 1956 and last saw him alive on Jan. 20, 1962 Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Theodore P. Miller, M.D.				22b. ADDRESS Altamburg Mo			22c. DATE SIGNED 1/30/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-22-1962		23c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cem.		23d. LOCATION (City, town, or county) (State) Farrar Missouri		
24. FUNERAL DIRECTOR ADDRESS Young & Sons Perryville, Mo.			25. DATE RECD. BY LOCAL REG. 1-22-62		26. REGISTRAR'S SIGNATURE Jose J. Zollner			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 Kathleen Young
Licensed Embalmer No. 4027

P. O. Address Perryville, Md

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.