

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005812

STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 119

FILED MAR 13 1962

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo/				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 96		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maple Crest Nursing Home			Inside Limits Home <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 317 N Louisiana		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Emma Middle Caroline Last Schultz				4. DATE OF DEATH Month Mar Day 5 Year 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 Aug 29 1865		9. AGE (last birthday) 96		IF UNDER 1 YEAR Months 7 Days 6		IF UNDER 24 HR Hours 7 Min. 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Cape Girardeau Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A					
13a. FATHER'S NAME Wilhelm Feuerhahn				13b. MOTHER'S MAIDEN NAME Caroline Michael				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no				16. SOCIAL SECURITY NO. no		17. INFORMANT Mr Albert Schultz				Address Cape Gir Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure										INTERVAL BETWEEN ONSET AND DEATH 5 days			
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 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. _____ 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 4/13/60 to 3/5/62 and last saw ^{her} him alive on 3/5/62 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Frank Hall (Degree or title)						22b. ADDRESS 1912 Broadway-Cape Girardeau, Mo.			22c. DATE SIGNED 3/6/62				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-8 1962		23c. NAME OF CEMETERY OR CREMATORY Fairmount			23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.						
24. FUNERAL DIRECTOR Brinkopf Howell ADDRESS Cape Gir Mo.				25. DATE RECD. BY LOCAL REG. March 7, 1962		26. REGISTRAR'S SIGNATURE Jesse Kasten							

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 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 Neil H. Grossheider

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.