

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005953

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 66

**FILED FEB 19 1962**

1. PLACE OF DEATH  
 a. COUNTY Cole  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in lb 6 days  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Gasconade  
 c. CITY OR TOWN Owensville Rt. Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Fredrick Middle (NMN) Last Idel 4. DATE OF DEATH Month Feb. Day 9 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2-1-1883 9. AGE (last birthday) 79

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) GERMANY 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME August Idel 13b. MOTHER'S MAIDEN NAME Dorothy Scholand 14. NAME OF HUSBAND OR WIFE Lydia Miller Idel

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 Wilbert Idel Address Owensville, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocardial Infarction  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus  
 DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH 4 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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 \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 Feb 2, 1962 to Feb 9, 1962 and last saw him alive on Feb 8, 1962  
 Death occurred at 3:30 am Feb 8, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marshall Whaley M.D. 22b. ADDRESS Jefferson City 22c. DATE SIGNED 2/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb 11 1962 23c. NAME OF CEMETERY OR CREMATORY Owensville City Cemetery 23d. LOCATION (City, town, or county) (State) Owensville, Mo.

24. FUNERAL DIRECTOR Gottenstroeter ADDRESS Owensville Missouri 25. DATE RECD. BY LOCAL REG. 10 February 1962 26. REGISTRAR'S SIGNATURE R.P. Darrie M.D. - Registrar

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 4 1962

**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 Jerry H. Thompson  
Licensed Embalmer No. 5165

P. O. Address Quincyville 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.