MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-016006
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 5752 Registrar's No. 34

FILED APR 16 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0620		
2	0620		
3			
4	1		
5	2		
6			
7	0		
8	2		
9	4201		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: STAR ROUTE, SACO, MO. — Length of stay in 1b: 31 yrs
c. CITY OR TOWN: SACO — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): STAR ROUTE — Reside on Farm: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MADISON

3. NAME OF DECEASED (Type or print): First: EMMA Middle: CAROLINE M. Last: TESSON

4. DATE OF DEATH: Month: APRIL Day: 12 Year: 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 6-4-1889

9. AGE (last birthday): 72

IF UNDER 1 YEAR: Months 10 Days 8 — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: GROCERY

11. BIRTHPLACE (City and state or country): ST. LOUIS CO. MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: FREDERICK BARTZ

13b. MOTHER'S MAIDEN NAME: FREDERICKA DEUTSCH

14. NAME OF HUSBAND OR WIFE: HENRY W. TESSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.:

17. INFORMANT: MELVIN TESSON, Address Route 1 FREDERICKTOWN, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular Disease
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Atrial fibrillation

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 a.m. p.m. 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 Jan. 16, 1962 to April 12, 1962 and last saw her/~~him~~ alive on Jan 16, 1962

Death occurred at April 12, 1962 4:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. Thomas Warren M.D.

22b. ADDRESS: 115 So. Wood, Fredericktown, Mo.

22c. DATE SIGNED: 4-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-14-62

23c. NAME OF CEMETERY OR CREMATORY: MARCUS MEMORIAL PARK

23d. LOCATION (City, town, or county) (State): FREDERICKTOWN, MADISON, MO.

24. FUNERAL DIRECTOR ADDRESS: SAM NAJIM, JR., Fredericktown, Mo.

25. DATE RECD. BY LOCAL REG.: 4-13-1962

26. REGISTRAR'S SIGNATURE: Florence Picka

(Licensed Embalmer's Statement on Reverse Side)

APR 19 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 Charles F. Qiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E College
Fredericktown 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.