

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022535

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 38

FILED JUL 12 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boulware Twp		Length of stay in 1b 70 yrs	c. CITY OR TOWN Swiss, Mo
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 1/2 Mi. West of Swiss		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 1/2 Mi. west of Swiss
3. NAME OF DECEASED (Type or print) First CHARLES Middle WALTER Last MOCHEL		4. DATE OF DEATH Month July Day 4 Year 1962	
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/28/1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Framer		10b. KIND OF BUSINESS OR INDUSTRY General farming	9. AGE (last birthday) 70
11. BIRTHPLACE (City and state or country) Swiss, Mo		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME George Mochel		13b. MOTHER'S MAIDEN NAME Florentina Elkermann	
14. NAME OF HUSBAND OR WIFE Leota Mochel		17. INFORMANT Mrs. Leota Mochel RFD Hermann, Mo	
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. [Redacted]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			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 <u>7-4-62</u> to <u>7-4-62</u> and last saw her him alive on <u>7-2-62</u> Death occurred <u>4:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paula's [Signature]</i> (Degree or title)		22b. ADDRESS <i>Owensville, Mo.</i>	22c. DATE SIGNED 7-5-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/7/1962	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	23d. LOCATION (City, town, or county) (State) Swiss Mo
24. FUNERAL DIRECTOR Herman Blumer Inc Hermann Mo		25. DATE RECD. BY LOCAL REG. 7-6-62	26. REGISTRAR'S SIGNATURE <i>Delma Uffelman</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 *Owaf Gonen*

Licensed Embalmer No. 5187

P. O. Address German, 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.