

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034311

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED

Primary Registration District No. **5435**

Registrar's No. **98**

VS 300
Rev. 4/59

0370

20370

3

4 **1**

5 **2**

6

7 **0**

8 **2**

94500

10

11

1290-2

131-0

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				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Gasconade		b. CITY (If outside corporate limits, give TOWNSHIP only) Boeuf Twp		a. STATE Mo		b. COUNTY Gasconade	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13 mi. S. E. of Hermann		Length of stay in 1b 3 1/2 yrs		c. CITY OR TOWN {Boeuf Twp}		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 13 mi. S. E. of Hermann		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 13 mi. S. E. of Hermann		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First Emma		Middle Marie		Last Fluetsch		Month 9 Day 25 Year 1962	
5. SEX Female		6. COLOR OR RACE Cau.		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/27/1872	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (City and state or country) Hermann Mo		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Fredrick L. Zessinger			13b. MOTHER'S MAIDEN NAME Anna Marie Schneider			14. NAME OF HUSBAND OR WIFE Nicholas Fluetsch	
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 Harry Scheidegger, RFD, Hermann, 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) Senility							5 yrs
DUE TO (b) Arteriosclerosis							8 yrs.
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 July 25, 1962 to Sept. 25, 1962 and last saw her alive on Sept. 22, 1962				Death occurred at 1:10 P/ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) D.O.				22b. ADDRESS New Haven, Missouri		22c. DATE SIGNED 9/26/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/30/62	23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery		23d. LOCATION (City, town, or county) (State) Hermann, Mo		
24. FUNERAL DIRECTOR Herman Blumer Inc ADDRESS Hermann Mo			25. DATE RECD. BY LOCAL REG. 9-27-62		26. REGISTRAR'S SIGNATURE Delma Uffelmann		

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 *Hugh H. Linnen*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.