

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047599

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 4188 Primary Registration District No. 4188 Registrar's No. 37

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) Owensville		c. CITY OR TOWN Owensville	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 305 W. Monroe		d. STREET ADDRESS 305 W. Monroe	Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Alfred Middle Oswald Last Barth		4. DATE OF DEATH Month December Day 20 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 6-1-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tailor		10b. KIND OF BUSINESS OR INDUSTRY tailoring	9. AGE (last birthday) 89
11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Feurytegott H. Barth		13b. MOTHER'S MAIDEN NAME Theresah Hannel	
14. NAME OF HUSBAND OR WIFE Louise Herwig Barth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	
16. SOCIAL SECURITY NO. 488-38-1334		17. INFORMANT Alfred Barth - Owensville, 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) Coronary Failure 4201 DUE TO (b) Arteriosclerotic Heart Disease 4200 DUE TO (c) Hypertension 444x 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. ☐ Yes ☐ No ☐ Unknown			INTERVAL BETWEEN ONSET AND DEATH 2 hours 4-5 years 10 years
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.	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 Owensville, Mo.	
21. I attended the deceased from Oct. 22, 1962 to Dec. 20, 1963 and last saw him alive on Dec. 19, 1963		22. DATE SIGNED 12-23-63	
22a. SIGNATURE E. Spencer Macaulay Do		22b. ADDRESS Owensville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-23-1963	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Owensville, Mo.
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home		25. DATE RECD. BY LOCAL REG. December 23, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Maurine Jappmeyer			

(Licensed Embalmer's Statement on Reverse Side)

105-502

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 Harry 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.

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