

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14675

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles Frederick Offel 140

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Offel Offel 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 16 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>2</u>	hr. _____ min.

9. Birthplace Callaway Warren County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ff

MOTHER FATHER { 12. Name William Offel

13. Birthplace Not Known a
(City, town, or county) (State or foreign country)

14. Maiden name Louise Baurichter

15. Birthplace Not Known a
(City, town, or county) (State or foreign country)

16. (a) Informant Carroll H. Hildebrand

(b) Address Holt Summit, Missouri

17. (a) Burial (b) Date thereof Apr-20-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director W. H. G. Gordon

(b) Address Jefferson City Mo

19. (a) 4-19-40 (b) W. H. G. Gordon M.D.
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Callaway
 (c) City or town Hartsburg Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. O R F W #1
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18th
 year 40 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 18 1940
 to Apr 18 1940

that I last saw him alive on Apr 18 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hyperemic Heart
Decompression
 Due to Chronic nephritis
with edema

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) Means of injury _____

23. Signature W. H. G. Gordon M.D. (M.D. or other) _____

Address Jefferson City Mo Date signed 4/19/40

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.....

Louis Quest
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis Quest*.....

Licensed Embalmer No. *4096*

P. O. Address *Jeffersonville*

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 this body is not embalmed, above space should be left blank.