Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016991
STATE FILE NUMBER

FILED MAY 19 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 176

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cape Girardeau — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Francis Hospital — Length of stay in Ib: 14 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R.F.D. #1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Arthur Middle: Lawrence Last: Fuerth
4. DATE OF DEATH: Month: May Day: 2 Year: 1959
5. SEX: male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 15, 1893
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician & Surgeon
10b. KIND OF BUSINESS OR INDUSTRY: M.D.
11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Joseph Fuerth
13b. MOTHER'S MAIDEN NAME: Emma Betten
14. NAME OF HUSBAND OR WIFE: Corona Fuerth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.: 496-40-0814
17. INFORMANT: Mrs. Corona Fuerth Address: Cape Girardeau, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular disease and
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive heart failure.
DUE TO (c) Arteriosclerotic cardio-vascular disease.
INTERVAL BETWEEN ONSET AND DEATH: 14 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4221
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 4-19-59, to 5-2-59 and last saw her (him) alive on 5-2-59
Death occurred at 9:20 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles F. Wilson M.D. (Degree or title)
22b. ADDRESS: 714 Broadway, Cape Gir., Mo.
22c. DATE SIGNED: 5-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/5/59
23c. NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: C. J. Loberg ADDRESS: Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 5-12-1959
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 30 1959

MAY 22 1959

OCT 16 1959

MAY 22 1959

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 .....

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.