

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 9 0 5

FILED VS JAN - 4 1960 257

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 4391 Registrar's No. 84

INDEXED

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Argyle, Mo.		Length of stay in 1b	c. CITY OR TOWN Argyle, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Washington Twp. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Cora Middle Z. Last Radmacher			4. DATE OF DEATH Month Dec. Day 29, Year 1959.	
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/29/1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months 3 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) Osage County Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Theodore Vogel	13b. MOTHER'S MAIDEN NAME Maltida Penit	14. NAME OF HUSBAND OR WIFE Dr. J. J. Radmacher
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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 Joseph Radmacher, Freeburg, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebrovascular Accident	
	DUE TO (c) Essential Hypertension	
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 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 _____
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21. I attended the deceased from October 10, 1959 to December 28, 1959 and last saw her her alive on December 28, 1959
Death occurred at 3:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James E. Stuffman Do.	(Degree or title)	22b. ADDRESS Argyle, Mo.	22c. DATE SIGNED 12-29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-31-59	23c. NAME OF CEMETERY OR CREMATORY Holy Family	23d. LOCATION (City, town, or county) (State) Freeburg, Mo.
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24. PHYSICIAN DIRECTOR W. J. Cunningham	ADDRESS Vienna, Mo.	25. DATE RECD. BY LOCAL REG. 12-31-59	26. REGISTRAR'S SIGNATURE Mrs. Lyle Norton
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 28 1960

MAR 3 1960

JAN 11

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 McBarrigan

Licensed Embalmer No. 366

P. O. Address Vernon

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.