

SOURCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000612

FILED VS FEB 15 1960

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STATE FILE NUMBER

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

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape Girardeau						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.F.D. # 1		Length of stay in 1b 42 years		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. # 1			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. # 1			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Hercell Middle Claude Last Windeknecht				4. DATE OF DEATH Month February Day 10 Year 1960						
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/01/1918		9. AGE (last birthday) 42		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Egypt Mills, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Frank Windeknecht			13b. MOTHER'S MAIDEN NAME May O'Guin			14. NAME OF HUSBAND OR WIFE				
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. 487-30-3802		17. INFORMANT Frank Windeknecht-Cape Girardeau, Mo				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suicide, by strangulation								INTERVAL BETWEEN ONSET AND DEATH Immediate		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> Suicide		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Put rope over ceiling joist, tied at neck + Arm, + applied						
20c. TIME OF INJURY Hour 11:00 a.m. Month, Day, Year February 14, 1960		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Farm, at Barn		20f. CITY, TOWN, OR LOCATION Rt. 1 - Cape Girardeau		COUNTY Cape Girardeau STATE Missouri		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 11:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE W. J. Ford				(Degree or title) Coroner		22b. ADDRESS Cape Girardeau, Mo.		22c. DATE SIGNED 2-11-1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/13/1960		23c. NAME OF CEMETERY OR CREMATORY Iona Cemetery		23d. LOCATION (City, town, or county) (State) Oriole, Cape Gir, Mo.				
24. FUNERAL DIRECTOR L. L. Haman-Cape Girardeau, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 2-11-1960		26. REGISTRAR'S SIGNATURE James Kasten		

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 Harold L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.