

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023626

FILED VS JUL 1 1960

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 71

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Rock Township		c. CITY OR TOWN Rural	
Length of stay in 1b accident		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE R. R. Crossing near Ten Brook, Mo.		d. STREET ADDRESS (If outside, give location) R. R. Arnold, Mo.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Vera Middle Violet Last Fruhwrth			4. DATE OF DEATH Month 6 Day 21 Year 60		
5. SEX F.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 22 1917	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Theodore Small		13b. MOTHER'S MAIDEN NAME Grace (Unknown)		14. NAME OF HUSBAND OR WIFE William Fruhwirth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none		16. SOCIAL SECURITY NO. none		17. INFORMANT Wm. Fruhwirth 6421 Ridge Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Total Decapitation & Multiple Fractures		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto-TRAIN collision - Grade	
20c. TIME OF INJURY 5:00 p.m.	Month, Day, Year 6-21-60	CROSSING	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RURAL ROAD	20f. CITY, TOWN, OR LOCATION Rock Twp. JEFF.	COUNTY Mo.	STATE
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21. I attended the deceased from Coroner's View to her and last saw him alive on _____ Death occurred at 5:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James P. Palmer M.C. Coroner	22b. ADDRESS Fulton, Mo.	22c. DATE SIGNED 6/21/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE June 23, 60	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.
24. FUNERAL DIRECTOR Heiligtag--Imperial, Mo.	25. DATE RECD. BY LOCAL REG. 6-23-60	26. REGISTRAR'S SIGNATURE Robert E. Bauer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur W. Subitoy

Licensed Embalmer No. 3872

P. O. Address: Imperial

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.