

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048601

FILED VS

JAN 17 1961 53

Registration District No. _____ Primary Registration District No. 3009 Registrar's No. 13

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cape County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson		Length of stay in 1b 15 months		c. CITY OR TOWN Perryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Deal Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Clara Middle K. Last Springer				4. DATE OF DEATH Month 12 Day 28 Year 60					
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-15-1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Charles Thieret			13b. MOTHER'S MAIDEN NAME Barbara Hoehn			14. NAME OF HUSBAND OR WIFE Charles Springer			
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 Mrs. Bernard Engbert, St. Louis, 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) Arteriosclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH 5 yrs.		
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 type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <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	
21. I attended the deceased from Aug 1, 1960 to 12-28-60 and last saw her alive on 12-26-60 Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. N. Jaeger, M.D. (Degree or title)				22b. ADDRESS Jackson, Mo.				22c. DATE SIGNED Dec 30, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-30-60	23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran Cem.		23d. LOCATION (City, town, or county) (State) Perryville, Mo.				
24. FUNERAL DIRECTOR Young & Sons Perryville, Mo. 1-12-61				25. DATE RECD. BY LOCAL REG. 1-12-61		26. REGISTRAR'S SIGNATURE Laura Kasten			

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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