

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-020886

STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 5425 Registrar's No. 3

AMENDED

FILED JUN 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Boeuf		Length of stay in lb Lifetime	c. CITY OR TOWN Rural-Boeuf Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Geo Spreckelmeier Res		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 1/2 Miles E of Berger, Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last VICTOR NONE SPRECKELMEYER			4. DATE OF DEATH Month Day Year June 22 1961
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 Nov 14 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Work		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 71 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11a. FATHER'S NAME Edward Spreckelmeier		11b. MOTHER'S MAIDEN NAME Emma Wallenbrock	11. BIRTHPLACE (City and state or country) Berger, Mo. 12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT George Spreckelmeier Berger, 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) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Only June 22, 1961 and last saw him him alive on June 22, 1961 Death occurred at 1:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G. W. H. D.O.</i> (Degree or title)		22b. ADDRESS New Haven, Missouri	22c. DATE SIGNED 6/23/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-25-61	23c. NAME OF CEMETERY OR CREMATORY St. Johns E&R Cem.	23d. LOCATION (City, town, or county) (State) Berger Mo
24. GENERAL DIRECTOR ADDRESS Paul H. Blumer Berger Mo		25. DATE RECD. BY LOCAL REG. 6-23-61 REGISTRAR'S SIGNATURE <i>Laurance Krueger Deputy</i>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 27 1961

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 ORVAL GROWER, Student Embalmer No. 641

working under my personal supervision.

Student Orval Grower
Signature of Student Embalmer

Signed Geoff H. Bremer

Licensed Embalmer No. 3160

P. O. Address Herreman N

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.