

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032409

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 2020 Registrar's No. 224

AMENDED

FILED OCT 2 1961

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 8 days	c. CITY OR TOWN Marthasville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHANNA CAROLINE MORHAUS			4. DATE OF DEATH Month Day Year September 22, 1961		
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 3/19/1868	9. AGE (last birthday) 93	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Warren County, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William Sprick		13b. MOTHER'S MAIDEN NAME Lisette Wessel		14. NAME OF HUSBAND OR WIFE August Morhaus	
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 Address Mrs. G. C. Johnson, Marthasville, Mo.		
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					INTERVAL BETWEEN ONSET AND DEATH 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of femur					7 days
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gangrene of R foot				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 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.) Fell on floor			
20c. TIME OF INJURY Hour a.m. p.m. 8 9/14/61	Month, Day, Year				
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.) Home	20f. CITY, TOWN, OR LOCATION Marthasville	COUNTY Warren	STATE MO	
21. I attended the deceased from Sept 14/61 to 9/22/61 and last saw her/him alive on 9/22/61 Death occurred at 8 11 00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) G. C. Johnson			22b. ADDRESS Marthasville MO		22c. DATE SIGNED 9/24/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Setp. 25, 1961	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	23d. LOCATION (City, town, or county) Marthasville, Missouri	23e. (State)	
24. FUNERAL DIRECTOR D. F. Lichtenberg, Marthasville, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 9/25/61	26. REGISTRAR'S SIGNATURE Lula C. Heidmann	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 10 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Almont J. Zutterberg

Licensed Embalmer No. 4318

P. O. Address Mathews Rd

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.