

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007721

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 4331 Registrar's No. 13

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 4 1963	
1. PLACE OF DEATH	
a. COUNTY Moniteau	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn Twp.	a. STATE Mo. b. COUNTY Moniteau
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Jamestown	c. CITY OR TOWN Jamestown Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) RFD Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First MINNIE	Middle FRIEDA
Last MOCHEL	
4. DATE OF DEATH	
Month February Day 23 Year 1963	
5. SEX female	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 11/24/81
9. AGE (last birthday) 81	
IF UNDER 1 YEAR IF UNDER 24 HR	
Months Days 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 home
11. BIRTHPLACE (City and state or country) Germany	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME August Wiele	
13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Thodore T. Mochel	
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.	
17. INFORMANT Oscar Mochel Address RFD Jamestown, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Cerebral Laminage	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Senescent arterio-sclerosis	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 April 2, 1955 to Feb 23, 1963 and last saw her alive on Feb 19, 1963 Death occurred at 11 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Kerison Latham M.D.	
22b. ADDRESS California, Mo	
22c. DATE SIGNED 2-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 2/25/63	
23c. NAME OF CEMETERY OR CREMATORY Clayton Cemetary	
23d. LOCATION (City, town, or county) (State) RFD Boonville, Mo.	
24. FUNERAL DIRECTOR ADDRESS Hornbeck-Thacher Prairie Home	
25. DATE RECD. BY LOCAL REG. 2-25-63	
26. REGISTRAR'S SIGNATURE Helen L. Foxsey	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS-300
Rev. 4/59
10680
20680
3
4 1
5 2
6
7 2
8 2
9331X
10
11
1290-0
131-0

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

Berry W. Thacker

Licensed Embalmer No.

3944

P. O. Address

Boonville, 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.