

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0000634

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 25

FILED JAN 24 1966

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

44 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Southeast Mo. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Cape Girardeau

c. CITY OR TOWN

Gordonville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

3 miles So. West

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

Albertine Ann Gartung

4. DATE OF DEATH

Month

Jan. 13

Day

Year

1966

5. SEX

F

6. COLOR OR RACE

W

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4/19/1914

9. AGE (last birthday)

51

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)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

Factory Work

Shoe Worker

Gordonville Mo.

U.S.A.

13a. FATHER'S NAME

Albert Rose

13b. MOTHER'S MAIDEN NAME

Frieda Bodenstein Cleman Gartung

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.

488-30-4770

17. INFORMANT

Cleman Gartung

14. NAME OF HUSBAND OR WIFE

Gordonville, 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)

INTERVAL BETWEEN ONSET AND DEATH

20 years

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.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

20b. SUICIDE

20c. HOMICIDE

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from

5/19/61

to 1/13/66

and last saw her alive on 1/13/66

21. Death occurred at

11:45 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

24 NORTH SPRIGG

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

23e. STATE

Burial

16 Dec. 1966

Zion Lutheran

Gordonville

Mo.

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

McCombs Jackson, Mo.

1-20-66

Jimmie Kasten

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

SEP 2 11 1967

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

Ernest Decker

Licensed Embalmer No.

5097

P. O. Address

Jackson, MD

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.