MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-028290
STATE FILE NUMBER

Registration District No. 3-10 Primary Registration District No. 3058 Registrar's No. 202

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0928
2 0928
3
4 1
5 1
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7 1
8 2
9 4200
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12 1-0
13 4-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | ITEM NO. | INSTEAD OF | SHOULD READ | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH — DATE OF DEATH AUG 2 1962
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles
Length of stay in 1b: 30 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's Hosp.
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1941 West Elm St.
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Cora Middle Lee Last Moehlenkamp
4. DATE OF DEATH: Month July Day 25 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-7-1900
9. AGE (last birthday): 61
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 keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): St. Charles, Ark.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Sandford H. Morrow
13b. MOTHER'S MAIDEN NAME: Sallie Faulkner
14. NAME OF HUSBAND OR WIFE: Elmer Moehlenkamp
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: Elmer Moehlenkamp Address: same

MEDICAL CERTIFICATION

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, c — INTERVAL BETWEEN ONSET AND DEATH: many yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): congestive heart failure. — 4 days.
DUE TO (c): Bronchopneumonia — Terminal
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 ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1960 to 7/25/62 and last saw her/him alive on 7/25/62
Death occurred at 7/25/62 2:30 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. Yaeger M.D.
22b. ADDRESS: 304 So. 2nd, St. Charles, Mo
22c. DATE SIGNED: 7/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 27, 1962
23c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): St. Charles, Mo.

24. FUNERAL DIRECTOR ADDRESS: Arthur C. Baue; St. Charles, Mo.
25. DATE RECD. BY LOCAL REG.: 7-27-62
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1962

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 Connie L. Pickering

Licensed Embalmer No. 5189

P. O. Address St Charles 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.