DEPARTMENT OF HEALTH
Division of Vital Statistics

State Office No. 10302

APR 18 1936

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Mo Harrison W State: ~~IOWA~~ Mo Registered No. 34 b
Township Lincoln or Village 346 or
City No. 54 Rdd St. Ward
(If death occurred in a hospital or institution give its name instead of street and number)
Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U.S., if of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Adolphus J. Lose
(a) Residence. No. ..... St. ..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. COLOR OR RACE white | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Lose

6. DATE OF BIRTH (month, day, and year) Aug 31 - 1861

7. AGE Years 74 | Months 6 | Days 9 | If less than 1 day, ..hrs. or ..mins.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER
13. NAME Levi Lose
14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER
15. MAIDEN NAME Susan Groff
16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT (Address) Mrs Edith Lose Hatfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 3-13 1936

19. LICENSED EMBALMER (Address) C. O. Rhoades No. 2479 Mt Ayr Ia

20. FILED 3-16 1936 Chas Adair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3/10 1936

22. I hereby certify that I attended deceased from 6-22-35 ....., 19.... to 8-3 1935
I last saw him alive on Oct 10, 1935, death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance in order of onset were as follows.

	Date of onset
Aortic Insufficiency	
Died suddenly roads blocked. So no physician in attendance.	

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) J H Lauder M. D.
(Address) Mt Ayr Iowa

should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instuctions on back of certificate.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIANS

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS

Has decedent ever served in military or naval service of the U. S.?..... If so give name of War.....

I, L. O. Rhoades Licensed Embalmer No. 2479 hereby certify tha

the body recorded on the reverse side of this certificate was embalmed by.....L. F

No..... or by.....Registered student No.....
working under my personal supervision.

Signed L. O. Rhoades

Licensed Embalmer No. 2479

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.
(Failure to comply with the above constitutes grounds for revocation of license).