

3. No. 2  
-11-10-39  
5-17-39  
PL X2146-2

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43377**

Institution No. **641**

Primary Registration District No. **5850**

Registrar's No. **9**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Osage

(b) City or town Kaetztown, Mo.

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Philly Outbals

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maggie Outbals

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct 10 1911

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>2</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Kaetztown Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Cooper Outbals

13. Birthplace Germany

14. Maiden name Eizabeth Klesher

15. Birthplace Germany

16. (a) Informant Frank Kneff

(b) Address Osage, Mo.

17. (a) Burial (Burial, cremation, or other)

(b) Date thereof Jan 19 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Kaetztown, Mo.

18. (a) Signature of funeral director H. H. Stroy

(b) Address Osage, Mo.

19. (a) Dec 30 1940 (Date received local registrar)

(b) Robert Prater (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri

(b) County Osage

(c) City or town Kaetztown, Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 29 year 1940 hour 12 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 20/1938 to Nov 29, 1940; that I last saw him alive on in hosp, Mo. 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning due to Prostate Enlargement + Chronic of Stills

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1937

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 572

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. G. Leubner (M. D. or other) \_\_\_\_\_

Address Osage, Mo. Date signed 12/29

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *H. H. Strop*  
Licensed Embalmer No. *2923*  
P. O. Address *Meta 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 this body is not embalmed, above space should be left blank.**