

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19836

State File No.

370
1

FILED JUL 7 - 1951

BIRTH NO. _____ REG. DIST. NO. 117-119 PRIMARY REG. DIST. NO. 5436 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp. 0370</u>	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>near Bay, Mo. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Bay, Mo.</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carrie</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Koseck</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1951</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. ? 1905</u>
9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Raddle, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ferd Crain</u>	13b. MOTHER'S MAIDEN NAME <u>Kit Childers</u>	14. NAME OF HUSBAND OR WIFE <u>Herman F. Koseck</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>**</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herman F. Koseck</u> ADDRESS <u>Bay, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-4</u> , 1951, to <u>6-4</u> , 1951, that I last saw the deceased alive on <u>6-4</u> , 1951, and that death occurred at <u>11a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles H. Schmitt MD</u>	23b. ADDRESS <u>General Mr</u>	23c. DATE SIGNED <u>6-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glenn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Ava, Illinois</u>
DATE REC'D BY LOCAL REG. <u>6/6/51</u>	REGISTRAR'S SIGNATURE <u>Edmund Wells</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. White</u> ADDRESS <u>OWENSVILLE</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 19 1951

JUL - 5 1951

RECEIVED

AUG 1

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Malcolm H. H. White

Licensed Embalmer No. 313F

P. O. Address OWENSVILLE 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, fact should be so stated above.