

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____		REG. DIST. NO. <u>300</u>		PRIMARY REG. DIST. NO. <u>4449</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u> <u>0900</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington, Missouri</u> <u>0900</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Ann</u> b. (Middle) <u>(Mollie)</u> c. (Last) <u>Losh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 27 51</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2 14 1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR (Month) (Day) (Year) <u>6-13</u>	IF UNDER 1 HRS. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Rhodes</u>		13b. MOTHER'S MAIDEN NAME <u>Elizebeth Michels</u>		14. NAME OF HUSBAND OR WIFE <u>Stephen Losh</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Toney Losh</u>		ADDRESS <u>Ellington, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis Cerebra (Encephalitis)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0830</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Aug 18, 1937</u> , to <u>July 26, 1957</u> , that I last saw the deceased alive on <u>July 26, 1957</u> , and that death occurred at <u>6:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kenneth T Carter, D.D.</u>				23b. ADDRESS <u>Ellington, Mo</u>		23c. DATE SIGNED <u>7/28/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7 29 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ellington</u>		24d. LOCATION (City, town, or county) (State) <u>Ellington Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8/4-57</u>		REGISTRAR'S SIGNATURE <u>Essie Evans</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas S. Lewitt Ellington</u>			

RECEIVED

SEP 1 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Chas. S. Penatt

Signed.....
Student Embalmer

Licensed Embalmer No. *4574*

P. O. Address *Edlington, 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.