

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21575

State File No.

No. 300 JUL 3 - 1952
10.48

900 /

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

BIRTH NO. <u>299</u>		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>6028</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>Reynolds</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) OR TOWN <u>Lesterville</u>			c. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lesterville</u>			<u>0900</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>KLIPPEL</u> c. (Last) <u>JOSEY</u>			4. DATE OF DEATH <u>June 26 1952</u>		5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			8. DATE OF BIRTH <u>Nov. 11 1885</u>		9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>7</u>	11. DAYS <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Gustaves Klippel</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Herbert V. Josey</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert V. Josey, Lesterville 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro enteritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>susacuity</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>few months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5711</u>				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) m.		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>June 24, 1952, to June 26, 1952</u> , that I last saw the deceased alive on <u>June 24, 1952</u> , and that death occurred at <u>4:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. M. Fitzpatrick M.D.</u>				23b. ADDRESS <u>Lesterville Mo</u>		23c. DATE SIGNED <u>6/28/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rayfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lesterville Mo.</u>				
DATE REC'D BY LOCAL REG. <u>6/28/52</u>		REGISTRAR'S SIGNATURE <u>E. M. Fitzpatrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed Arnold G. White

Licensed Embalmer No. 3012

P. O. Address Smiths River

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.