

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10865

FILED APR 15 1957

318

1003

STATE FILE NUMBER

2162

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Perry.</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Tanoroa</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>			Length of stay in lb <b>5 Months</b>		3d. STREET ADDRESS <b>Rural Route # 2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Marguerite</b> Middle <b>Koss</b> Last <b>Koss</b>				4. DATE OF DEATH <b>March 30, 1957.</b>					
5. SEX <b>Female /</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 21, 1903</b>		9. AGE (In years last birthday) <b>53</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>Tanoroa Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13. FATHER'S NAME <b>George Stutz</b>				14. MOTHER'S MAIDEN NAME <b>Cleo Barber</b>					
15. WAS DECEASED EVER IN U. S.-ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT <b>Joseph T. Koss Tanoroa Ill.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA of Ovary</b>							INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) <b>175x</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>Jan 6 1957</b> to <b>March 30 1957</b> and last saw her alive on <b>3/30/57</b> Death occurred at <b>4:45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Emmett H. Haveland M.D.</b>				22b. ADDRESS <b>7820 Carondelet St. St. Louis Mo.</b>			22c. DATE SIGNED <b>4/1/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3-31-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>DuQuoin Ill.</b>			
24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b> ADDRESS <b>4704 Washington Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>APR 1 '57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare & Public Service  
300  
1-56  
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
securing the medical certificate in the specific manner required by law.

Perry, Illinois  
 St. Johns Hospital  
 March 22, 1957  
 Female  
 Homewife  
 George Spotts  
 Chicago, Illinois  
 At Home  
 Tanaras, Ill.  
 Clear Barber  
 Joseph T. Tanaras, Ill.

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed *J. W. Dunbar*  
 Licensed Embalmer No. *365*  
 P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.