

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12370

State File No.

FILED APR 30 1957

BIRTH NO.		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osage Beach</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		c. CITY OR TOWN <u>Osage Beach</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Chester</u> c. (Last) <u>Fuerst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, ³ WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 22, 1911</u>	
9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / <u>A quawaka, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Albert Fuerst</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Jacobs</u>		14. NAME OF HUSBAND OR WIFE	
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>481-03-1605</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josephine E. Sharp Langleyville, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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>Arteriosclerotic Heart Disease</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> <u>Carcinoma of Floor of Mouth</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200H</u>					20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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>MARCH 13, 1955</u> , to <u>APRIL 21, 1957</u> , that I last saw the deceased alive on <u>April 17, 1957</u> , and that death occurred at <u>3 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert E. Mason D.O.</u>				23b. ADDRESS <u>Lake Ozark, Mo.</u>		23c. DATE SIGNED <u>April 22, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/23/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conway Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grand Glaize Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 22-1957</u>		REGISTRAR'S SIGNATURE <u>Zilpha J. Draw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. Hedges</u>		ADDRESS <u>Camdenton, Mo.</u>	

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

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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 *Walter P. Hedges*.....

Licensed Embalmer No. 4265.....

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