

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1957

State File No. **16434**

BIRTH NO. _____		REG. DIST. NO. <b>387</b>		PRIMARY REG. DIST. NO. <b>4085</b>		Registrar's No. <b>11</b>		
1. PLACE OF DEATH a. COUNTY <b>Carroll</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hale,</b>		c. LENGTH OF STAY (in this place) <b>14 years</b>		c. CITY OR TOWN <b>Hale,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				e. STREET ADDRESS (If rural, give location) <b>N/E Part Town</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUISA</b>			b. (Middle) <b>ETZEL</b>		c. (Last) <b>DEAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 6th 1957</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar. 12, 1877</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>19</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></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>Housekeeper</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Triplet, Missouri RFD</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Ed Etzel</b>			13b. MOTHER'S MAIDEN NAME <b>Dont Know,</b>		14. NAME OF HUSBAND OR WIFE <b>Jack Dean</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jack Dean</b> ADDRESS <b>Hale, Mo.</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute circulatory &amp; metabolic failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombotic Cerebrovascular</b> DUE TO (c) <b>Incontinence and Debilitation</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile Psychosis &amp; arthritis</b>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332x</b>					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 <b>6-2</b> , 1957, to <b>6-6</b> , 1957, that I last saw the deceased alive on <b>6-5</b> , 1957, and that death occurred at <b>7 P.M.</b> from the causes and on the date stated above.								
23a. SIGNATURE <b>Norman J. Hansen</b> (Degree or title) <b>P.O.</b>				23b. ADDRESS <b>Hale, Mo.</b>		23c. DATE SIGNED <b>6-8-57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 9th, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hale cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hale, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>JUNE 8, 1957</b>		REGISTRAR'S SIGNATURE <b>Mrs. Rex Henderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clifford W. Austin funeral home</b> <b>Hale, Mo.</b>				

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

47-2

FORM

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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 *Mavis O. Bailey* .....

Licensed Embalmer No. *4887*

P. O. Address *W. Bailey, Inc.*

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.