

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31106

STATE FILE NUMBER

Registration District No. 57 Primary Registration District No. 5196 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Carroll <u>0170</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll <u>0170</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bosworth MO. <u>Ridge</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bosworth		Inside Limits <u>0</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Gertie <u>First</u> Gay <u>Middle</u> Croze <u>Last</u>				4. DATE OF DEATH Sept <u>Month</u> 15 <u>Day</u> 1957 <u>Year</u>			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 3, 1881		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Steuben CO. Ind		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME David Lechleidner				14. MOTHER'S MAIDEN NAME Amanda Flegal			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>II</u>		16. SOCIAL SECURITY NO. 489-44-2815		17. INFORMANT Paul Croze		2244 Kenosha ST. ST, Louis MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u> DUE TO (b) <u>Decompensated Acute Cor Pulmonale</u> DUE TO (c) <u>Lobar Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Stroke</u>						INTERVAL BETWEEN ONSET AND DEATH	
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 <u>6-12-57</u> to <u>9-14-57</u> and last saw her alive on <u>9-14-57</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Norman P. Hansen D.O.</u> (Degree or title)				22b. ADDRESS <u>Hale, Mo.</u>		22c. DATE SIGNED <u>9-16-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 17, 57	23c. NAME OF CEMETERY OR CREMATORY Wharton Cemetery		23d. LOCATION (City, town, or county) (State) 4M S.E, Bosworth MO.		
24. FUNERAL DIRECTOR Leipard & Edwards Bosworth MO.				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Sept-17-1957</u>	26. REGISTRAR'S SIGNATURE <u>Paul Koch</u>

(Licensed Embalmer's Statement on Reverse Side)

health,
Welfare
Public
Service300
7-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAR 21 1958

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 *David J. Church*

Licensed Embalmer No. *326*

P. O. Address *Bonnet*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.