

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028922

FILED VS SEP 1 1959 / 44

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 83

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Arcadia</u>		Length of stay in lb <u>1yr. 9mo. 17da</u>		c. CITY OR TOWN <u>Rural-Arcadia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>The Home for Aged Baptists</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 1/2 mi. E. on Hwy. 72</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>Dorothy Lee</u> Middle <u>Stosberg</u> Last <u>Dorothy Lee Stosberg</u>				4. DATE OF DEATH Month <u>August</u> Day <u>25</u> Year <u>1959</u>											
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 24, 1890</u>		9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>work in other homes Concordia, Mo.</u>				11. BIRTHPLACE (City and state or country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					
13a. FATHER'S NAME <u>Edward Charles Stosberg</u>				13b. MOTHER'S MAIDEN NAME <u>Lydia Hulda Meyer</u>				14. NAME OF HUSBAND OR WIFE <u>Not married</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>195-01-15111</u>				17. INFORMANT <u>Dolores Weiss, Ironton, Mo.</u>				Address			
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>Generalized arteriosclerosis.</u>										INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____															
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>11-8-57</u> to <u>8-25-59</u> and last saw her ^{her} _{him} alive on <u>8-21-59</u> Death occurred at <u>3:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>Marvin C. Menece M.D.</u>						22b. ADDRESS <u>109 N. Main, Ironton, Missouri</u>				22c. DATE SIGNED <u>8-25-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8/26/1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>				23d. LOCATION (City, town, or county) <u>Higginsville, Mo</u>		(State)					
24. FUNERAL DIRECTOR <u>White Funeral Home-Ironton, Mo</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-25-59</u>		26. REGISTRAR'S SIGNATURE <u>Ma Avis Jones</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1931 I EB

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Amel J. White

Licensed Embalmer No. 3012

P. O. Address Imitor W

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.