

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000952

FILED VS FEB 15 1960

Registration District No. 15-116 Primary Registration District No. 3020 Registrar's No. 28

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 44 years		c. CITY OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 118 Stafford St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MARIA			First	Middle	Last	4. DATE OF DEATH February 5, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/12/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 6 Days 23	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Froskog, Sweden		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME August Larson			13b. MOTHER'S MAIDEN NAME Kristina Magnuson		14. NAME OF HUSBAND OR WIFE Gustav Wahlstrom		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address 118 Stafford Mrs Theola Luchsinger, Washington, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 						INTERVAL BETWEEN ONSET AND DEATH 10 27 min. 1520 yrs	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input 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 June, 1959 , to Feb. 5, 1960 and last saw her live on Feb. 5, 1960 Death occurred at 6:45 p.m. CST on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John P. Ryan MD				22b. ADDRESS Washington, Mo.		22c. DATE SIGNED 2-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 8, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Peters United		23d. LOCATION (City, town, or county) (State) Washington, Mo.			
24. FUNERAL DIRECTOR ADDRESS Henry W. Otto, Wqshington, Mo.			25. DATE RECD. BY LOCAL REG. 2/8/60	26. REGISTRAR'S SIGNATURE John P. Ryan MD			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 13 1962

JUL 6 1962

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

Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.