

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041295

FILED VS. DEC 13 1960

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Primary Registration District No. 3009

Registrar's No. 485

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cachoon</i>		Length of stay in 1b <i>5 yrs.</i>	c. CITY OR TOWN <i>Scott City (Barnfeldt)</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Nichl Nursing Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>_____</i>
3. NAME OF DECEASED (Type or print) First <i>MADIE</i> Middle <i>PAULINE</i> Last <i>LOSSE</i>		4. DATE OF DEATH Month <i>Nov</i> Day <i>17</i> Year <i>1960</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar 30, 1885</i>
9. AGE (last birthday) <i>75</i>		IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i> Hours <i>—</i> Min. <i>—</i>	IF UNDER 24 HR Months <i>—</i> Days <i>—</i> Hours <i>—</i> Min. <i>—</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (City and state or country) <i>Burkville, Lee</i>
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>Wm Jaenke</i>	
13b. MOTHER'S MAIDEN NAME <i>Zimmerman</i>		14. NAME OF HUSBAND OR WIFE <i>Albert Losse</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Name <i>Mrs Raymond Tomlinson</i> Address <i>Cape Girardeau Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 mos.</i>
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) <i>Diabetes mellitus</i>			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 <i>12-2-56</i> to <i>Nov 17, 1960</i> and last saw her <i>alive</i> on <i>Nov 11, 1960</i> . Death occurred at <i>1 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. N. Jaeger, MD</i> (Degree or title)		22b. ADDRESS <i>Jackson, Mo</i>	22c. DATE SIGNED <i>Nov 18, 1960</i> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-19-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem</i>	23d. LOCATION (City, town, or county) <i>Cape Girardeau Mo</i>
24. FUNERAL DIRECTOR <i>BISPLINGHOFF FUNERAL HOME</i>	ADDRESS <i>Illmo, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>12-8-1960</i>	26. REGISTRAR'S SIGNATURE <i>June Kasten</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1961

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 _____

Olivia Carmel

Licensed Embalmer No. _____

4470

P. O. Address _____

Illness, Pa

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