

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006027
STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 2

FILED VS MAR 10 1961

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonnots Mill		c. CITY OR TOWN Bonnots Mill	
Length of stay in 1b life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at his home		d. STREET ADDRESS (If outside, give location) RFD	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Anton Middle ----- Last Troesser	4. DATE OF DEATH Month March Day 7 Year 1961
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5. SEX male	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 3/6/1886	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HR Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Matt Farmer	10b. KIND OF BUSINESS OR INDUSTRY Stock-raiser	11. BIRTHPLACE (City and state or country) Osage County	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Matt Troesser	13b. MOTHER'S MAIDEN NAME Hel'n Haslag	14. NAME OF HUSBAND OR WIFE Hattie Brullesauer Troesser
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Mrs. Anton Troesser	Address Bonnots Mill Mo
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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 Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Arteriosclerotic heart disease		
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
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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.)
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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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Linn	COUNTY Linn	STATE Mo
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21. I attended the deceased from 1-6-61 to 3-4-61 and last saw ^{her}him alive on 3-4-61
Death occurred at 3-7-61 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Thomas W. Baldwin D.O.</i> (Doctor or title)	22b. ADDRESS <i>Linn</i>	22c. DATE SIGNED 3-8-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/10/61	23c. NAME OF CEMETERY OR CREMATORY Parish Cemetery	23d. LOCATION (City, town, or county) Bonnots Mill	(State) Mo
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24. FUNERAL DIRECTOR Clyde Morton	ADDRESS Linn Mo	25. DATE RECD. BY LOCAL REG. 3-8-61	26. REGISTRAR'S SIGNATURE <i>Mrs. Clyde Morton</i>
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 14 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.