

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012380

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 624 Registrar's No. 18

FILED VS MAR 15 1961

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Township</u>		Length of stay in 1b <u>35 Yrs.</u>		c. CITY OR TOWN <u>Cadet Rt # 1</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9 Mi. No. Of Potosi</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>9 Miles No. Of Potosi</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Loomis</u> Middle <u>Amelia</u> Last <u>Sansoucie</u>				4. DATE OF DEATH Month <u>March</u> Day <u>7</u> Year <u>1961</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-7-1887</u>		9. AGE (last birthday) <u>74</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Barite Miner</u>			11. BIRTHPLACE (City and state or country) <u>Wash.co.Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		
13a. FATHER'S NAME <u>George Sansoucie</u>			13b. MOTHER'S MAIDEN NAME <u>Genevieve Coleman</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Sansoucie</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>				17. INFORMANT <u>Edgar J. Sansoucie</u>					Address <u>Cadet Rt. 1 Mo.</u>	
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>Myocarditis</u> DUE TO (b) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
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 _____ 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>Sept-1960</u> to <u>3/7/61</u> and last saw him alive on <u>3/5/61</u> Death occurred at <u>11:45 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <u>E. J. Newell M.D.</u>				22b. ADDRESS <u>Potosi Mo.</u>				22c. DATE SIGNED <u>3/9/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-10-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetery</u>		23d. LOCATION (City, town, or county) <u>Old Mines Mo.</u>				
24. FUNERAL DIRECTOR <u>Arthur W. Smith</u>				ADDRESS <u>Potosi Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3/9/61</u>		26. REGISTRAR'S SIGNATURE <u>Herbert Erdahl</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 11 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

Donnell B. Dietrich

Licensed Embalmer No.

4104

P. O. Address

Detroit, Mich.

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.