

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032107

STATE FILE NUMBER

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 49

FILED OCT 10 1961

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osage Township</b>		c. CITY OR TOWN <b>Osage Beach</b>	
Length of stay in 1b <b>13yrs</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <b>Osage Beach</b>		d. STREET ADDRESS (If outside, give location) <b>Lake Road 54-52</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Sophia Louis</b>			4. DATE OF DEATH Month Day Year <b>Oct. 5, 1961</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 4-80</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days <b>8 1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At-Home</b>		11. BIRTHPLACE (City and state or country) <b>Streator Illinois</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Fred Croisant</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Dutstszar</b>	
14. NAME OF HUSBAND OR WIFE <b>Clarence Louis</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>Mrs. Fred Pipgrass, Osage Beach, Mo.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>			<b>7 days</b>
DUE TO (b) <b>Arterio-sclerosis</b>			<b>10 years</b>
DUE TO (c) <b>Diabetes Mellitus</b>			<b>16 years</b>

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.)	
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 COUNTY STATE	

21. I attended the deceased from **December 1959** to **Oct 5, 1961** and last saw her alive on **Oct 5, 1961**  
Death occurred at **5 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Thos. A. Wayland MD</b>	22b. ADDRESS <b>Camdenton, Missouri</b>	22c. DATE SIGNED <b>10-6-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 9-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Atlanta Memorial Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Atlanta Iowa</b>
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24. FUNERAL DIRECTOR <b>Robert H. Reed, Camdenton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 6-1961</b>	26. REGISTRAR'S SIGNATURE <b>Filpha J. Draw.</b>
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DATE AMENDED  
INSTEAD OF  
SHOULD READ  
ITEM NO.  
BY AFFIDAVIT OF

MEDICAL CERTIFICATION  
DOCUMENT

**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 Robert H Reed

Licensed Embalmer No. 3746  
P. O. Address Camdenton Mo

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.