

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036515

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 4189 Registrar's No. 32

AMENDED DATE AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

FILED OCT 30 1961

1. PLACE OF DEATH
 a. COUNTY **Gasconade**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Rosebud**
 Length of stay in lb **lifetime in com.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Residence**
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Gasconade**
 c. CITY OR TOWN **Rosebud**
 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location)
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Lydia Louise Karstedt
 4. DATE OF DEATH Month Day Year
October 22, 1961

5. SEX **female**
 6. COLOR OR RACE **white**
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **10-5-1879**
 9. AGE (last birthday) **82**
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housework**
 10b. KIND OF BUSINESS OR INDUSTRY **own home**
 11. BIRTHPLACE (City and state or country) **Stony Hill, Mo.**
 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Wilhelm Fleer**
 13b. MOTHER'S MAIDEN NAME **Charlotte Vogt**
 14. NAME OF HUSBAND OR WIFE **Albert Karstedt**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) **no**
 16. SOCIAL SECURITY NO. ******
 17. INFORMANT Address
Mrs. Ray Brandt Rosebud, 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) **Cerebrovascular Accident**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Aortic Stenosis**
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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 NOT WHILE AT WORK
 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 **6/6/55** to **10/24/61** and last saw him/her on **10/13/61**.
 Death occurred at **8:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **James A Shea MD**
 22b. ADDRESS **Gerald Mo**
 22c. DATE SIGNED **10/24/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial**
 23b. DATE **10-25-1961**
 23c. NAME OF CEMETERY OR CREMATORY **Immanuel Lutheran Cem, Rosebud, Mo.**
 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS **Gottenstroeter Funeral Home Owensville, Mo.**
Michael H A Winter
 25. DATE RECD. BY LOCAL REG. **October 25, 1961**
 26. REGISTRAR'S SIGNATURE **Mrs. Marwin Jappmeyer**

(Licensed Embalmer's Statement on Reverse Side)

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 Michael H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWEN SUZUKI

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.