

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040620

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 282

FILED DEC 12 1961

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| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington | | c. CITY OR TOWN Washington | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp | | d. STREET ADDRESS (If outside, give location) 707 Washington Ave | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last MARY JOSEPHINE DOSS | | | 4. DATE OF DEATH Month Day Year December 8, 1961 | | |
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|--------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|--|
| 5. SEX F | 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 2/27/1882 | 9. AGE (last birthday) 79 | IF UNDER 1 YEAR Months 9 Days 11 | IF UNDER 24 HR Hours 11 Min. |
|--------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and state or country) Krakov, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Henry Riegel | 13b. MOTHER'S MAIDEN NAME Mary Rolf | 14. NAME OF HUSBAND OR WIFE Edward Doss |
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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 | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Edward Doss, Washington, Mo. | Address 707 Wash. St. |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Generalized carcinomatous | | 6 mos |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | |
| DUE TO (b) Carcinoma, esophagus | | |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) |
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|---------------------------------------|------------------|
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year |
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| 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 |
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21. I attended the deceased from 16 Nov 1960 to 8 Dec 1961 and last saw her alive on 8 Dec 61
Death occurred at 1 p.m. GST on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE R W Briggs, MD | (Degree or title) | 22b. ADDRESS Washington, Mo. | 22c. DATE SIGNED 8 Dec 61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 11, 1961 | 23c. NAME OF CEMETERY OR CREMATORY St. Francis Cath. | 23d. LOCATION (City, town, or county) (State) Washington, Missouri |
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| 24. FUNERAL DIRECTOR Henry W. Otto, Washington, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 12/9/61 | 26. REGISTRAR'S SIGNATURE Lula R Hedmann |
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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 23 1962
FEB 15 1962

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

Henry W. Otto

Licensed Embalmer No.

3560

P. O. Address

Washington

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.