

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047632

MENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 369

Primary Registration District No. 4538

Registrar's No. 18

STATE FILE NUMBER

AMENDED

FILED JAN 10 1962

1. PLACE OF DEATH

a. COUNTY

WAYNE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Piedmont

Length of stay in 1b

6 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

OWN Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

WAYNE

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Piedmont

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Robert

LEE

BSAUSK

4. DATE OF DEATH

Month

Day

Year

Dec 20 1961

5. SEX

MALE

6. COLOR OR RACE

White

7. Married

Never Married ☐

Widowed ☐

Divorced ☒

8. DATE OF BIRTH

2-20-1883

9. AGE (last birthday)

78

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Labor

11. BIRTHPLACE (City and state or country)

Hadley, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert BSAUSK

13b. MOTHER'S MAIDEN NAME

NANCY FARRIS

14. NAME OF HUSBAND OR WIFE

MAY BSAUSK

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

DELLA RINSEY

Address

2614 St. Vincent St. Louis, 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)

Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart dis

DUE TO (c)

Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral Arteriosclerosis

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

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

20f. INJURY OCCURRED WHILE AT WORK

☐

20g. NOT WHILE AT WORK

☐

20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20i. CITY, TOWN, OR LOCATION

20j. COUNTY

20k. STATE

21. I attended the deceased from 9-12-61 to 12-9-61 and last saw him alive on 12-9-61

Death occurred at 12-20-61 about 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Gene H. Leroux, M.D.

22b. ADDRESS

Ellington, Mo.

22c. DATE SIGNED

12-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-23-61

23c. NAME OF CEMETERY OR CREMATORY

Piedmont

23d. LOCATION (City, town, or county)

Piedmont, Mo

23e. (State)

24. FUNERAL DIRECTOR

ADDRESS

Pew. H. Funeral Home, Ellington, Mo

25. DATE RECD. BY LOCAL REG.

1-4-62

26. REGISTRAR'S SIGNATURE

Sheila Lovelace

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 Chas S. Smith

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.