

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 341

DO NOT WRITE ON THIS STUB

9. 1
10a. 88
10b. 86
11. 1
12. 2
13. 4339
14.
15. 9
16.
17.
18. 2
19. CREDITS
20. 1-1

VS 300
Rev. 1/70

4. 0421

5. 86

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1.		<u>Coria</u>	<u>Frances</u>	<u>Luthee</u>	<u>Female</u>	<u>December 13, 1969</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		3a. <u>88</u>	4a. <u>MOS.</u>	4b. <u>DAYS</u>	6. <u>February 13, 1881</u>		7a. <u>Henry</u>
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Windsor</u>			7c. <u>Yes</u>	7d. <u>Windsor Nursing Home</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Indiana</u>		9. <u>USA</u>		10. <u>Widowed</u>		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12.		13a. <u>Housekeeper</u>			13b.		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. <u>Missouri</u>	14b. <u>Henry</u>	14c. <u>Deepwater</u>		14d. <u>Yes</u>	14e. <u>Streets not numbered</u>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15.		<u>John W. Osborne</u>			<u>Nancy Chiles</u>		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Mrs Blanche B. Logier</u>				17b. <u>Deepwater, Missouri</u>			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18.		IMMEDIATE CAUSE					
(a)		<u>toxemia</u>				<u>hours</u>	
DUE TO, OR AS A CONSEQUENCE OF:							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <u>hypostatic pneumonia</u>				<u>days</u>	
DUE TO, OR AS A CONSEQUENCE OF:							
(c) <u>cerebral thrombosis</u>						<u>2 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a.					19a.	19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20b.		20c.		20d.	20e.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20f.		20g.		20h.		20i. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.	
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM:		<u>1-24-68</u>	<u>TO</u>	<u>12-3-69</u>	AND LAST SAW HIM/HER ALIVE ON		21c. <u>12-3-69</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		22a.		HOUR OF DEATH		22b. THE DECEDENT WAS PRONOUNCED DEAD	
22c.		22d.		22e.		22f.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE			DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>A. R. MASON, JR. D.O.</u>		23b. <u>A.R. Mason, Jr. D.O.</u>			23c. <u>12-15-69</u>		23d.
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	ZIP
23e. <u>123 South Main St</u>		23f. <u>Windsor</u>		23g. <u>MO</u>		23h. <u>65360</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION		
24a. <u>Burial</u>		24b. <u>Deepwater Cem.</u>			24c. <u>Deepwater, Mo.</u>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. <u>Dec 14, 1969</u>		24e. <u>Janssens Funeral Home - Eldorado Springs, Mo.</u>					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u>William H. Janssens</u>		25b. <u>Mildred Bigum</u>			25c. <u>1-15-70</u>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JAN 2 1970

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 Melvin L. Jensen

Licensed Embalmer No. 4529

P.O. Address El Dorado Springs

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.