

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20292**

FILED JUN 25 1957

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Hamilton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage Township</u>	c. LENGTH OF STAY (in this place) <u>9 mo.</u>	c. CITY OR TOWN <u>Stratford</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Camdenton Rural Route</u>		e. STREET ADDRESS (If rural, give location) <u>Camdenton R. Route</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lorena</u>	b. (Middle) <u>Anna</u>	c. (Last) <u>Poulsen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 57</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 15 - 1871</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 1 DAY Days <u>3</u>	IF UNDER 1 HRS. Hours <u></u>	Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>M. M. Ferlen</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Beck</u>	14. NAME OF HUSBAND OR WIFE <u>John Poulsen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paul Erickson</u>	ADDRESS <u>Camdenton, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>sterility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H200</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1957, to June 18, 1957, that I last saw the deceased alive on June 18, 1957, and that death occurred at 4:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. V. Powell</u>	(Degree or title) <u>D. C.</u>	23b. ADDRESS <u>Camdenton Mo.</u>	23c. DATE SIGNED <u>6/18/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 20 - 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Marion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stratford Iowa</u>
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DATE REC'D BY LOCAL REG. <u>June 18 - 1957</u>	REGISTRAR'S SIGNATURE <u>Zilpha J. Druw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banason-Woolery</u>	ADDRESS <u>Camdenton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 11 1957

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. *3745*.....

P. O. Address *Camden, N.J.*.....

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.