

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039250

STATE FILE NUMBER

FILED DEC 8 1958

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 92

300  
-57

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1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>unk.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fort Wayne</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SpaView Rest Home</u>		Length of stay in 1b <u>6 Weeks</u>	d. STREET ADDRESS (If outside, give location) <u>8130 9 2105 Lynn Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Angela M Croteau</u>			4. DATE OF DEATH Month Day Year <u>Nov 3, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 27, 1893</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William E. Wandrie</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Kassel</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence A Croteau</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>311-03-9860</u>	17. INFORMANT <u>Clarence A Croteau, Fort Wayne, Indiana</u>
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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: IMMEDIATE CAUSE (a) <u>Ventricular Fibrillation due to acute coronary occlusion</u> DUE TO (b) <u>Myodegeneratio cordis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>45 seconds</u> <u>1 year</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Late Multiple Rheumatoid Arthritis with Anemia.-</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
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

21. I attended the deceased from Sept. 30, 1958 to Nov. 3, 1958 and last saw <sup>her</sup> ~~him~~ alive on Nov. 2, 1958  
Death occurred at 2:35 A.M. 11-3-58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Kurt K. Parrhyisius, M.D.</u>	22b. ADDRESS <u>210 E Broadway, Excelsior Springs, Mo.</u>	22c. DATE SIGNED <u>11-3-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Nov 3, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	23d. LOCATION (City, town, or county) (State) <u>Fort Wayne, Indiana</u>
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24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc. Excelsior Springs, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>11-26-58</u>	26. REGISTRAR'S SIGNATURE <u>Barlene Hutchings</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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MS - MAR 13 1961



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 *Ralph Van Landingham*

Licensed Embalmer No. *4009*  
P. O. Address *Spring, TN*

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.