

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33143

STATE FILE NUMBER

FILED SEP 23 1957

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cantwell		c. CITY OR TOWN Cantwell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 10 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Molley Middle Henrietta Last Straughan			4. DATE OF DEATH Sept. 9th. 1957 Month Sept. Day 9th. Year 1957		
5. SEX Female	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 Mar. 5th. 1879	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Month 6 Day 4 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ste. Genevieve, County, Mo. USA	
13. FATHER'S NAME Henry Meyer			14. MOTHER'S MAIDEN NAME Josephine Pfister		
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 Address Mrs. Geo. Straughan, Cantwell, 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		INTERVAL BETWEEN ONSET AND DEATH 2 hours
DUE TO (b) arterio-sclerosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hyperextension		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 9-9-57 to 9-9-57 and last saw her/him alive on 9-9-57
Death occurred at 11:00A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. O. Karche M.D. (Degree or title)	22b. ADDRESS Desloge, Mo.	22c. DATE SIGNED 9-10-57
-----------------------------------------------------------	----------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 11 1957	23c. NAME OF CEMETERY OR CREMATORY Parkview	23d. LOCATION (City, town, or county) (State) Farmington, Mo.
---------------------------------------------------------	--------------------------------	----------------------------------------------------	----------------------------------------------------------------------

24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son, Desloge, Mo	25. DATE RECD. BY LOCAL REG. Sept 10, 1957	26. REGISTRAR'S SIGNATURE Ether Rudloff
-----------------------------------------------------------------------	---------------------------------------------------	------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewriter if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

NOV 8 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 *C. Z. Boyer*.....

Licensed Embalmer No. *16*

P. O. Address *Desloge*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.