

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23379
State File No.

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shibleslett mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Shibleslett</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Trasky</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 12-1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Old miner mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Felix Dedue</u>	13b. MOTHER'S MAIDEN NAME <u>Gaea Boyer</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>+</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Dean Cadet mo.</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arthritis Deformans</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>for past 10 yrs</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7737</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 6/1, 1936, to 6/24, 1949, that I last saw the deceased alive on 6/22, 1949, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>[Signature]</u>	23b. ADDRESS <u>Blair MO</u>	23c. DATE SIGNED <u>June 24, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim</u>	24d. LOCATION (City, town, or county) (State) <u>Old miner mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 23, 1949</u>	REGISTRAR'S SIGNATURE <u>Helen Kenda...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spahr</u>	ADDRESS <u>Potosi Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-28-49

District Health Officer No. 4

District File Number 649-8

Date Filed

JUL 8 1949

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 Student Embalmer

Signed *Murphy*

Licensed Embalmer No. 4556

P. O. Address *Hot River*

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 this body is not embalmed, fact should be so stated above.