No. 300
10-48

27

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29739

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4148 Registrar's No. 35

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Otterville ~~Township~~
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Otterville, Mo. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Otterville 27
d. STREET ADDRESS (If rural, give location): ✓ 0

3. NAME OF DECEASED (Type or Print)
a. (First) CAMERON
b. (Middle) RACHAEL
c. (Last) STREIT

4. DATE OF DEATH (Month) (Day) (Year): Sept 16, 1949

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow ✓
8. DATE OF BIRTH: Jan. 7, 1870
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 8, Days 8 — IF UNDER 24 HRS.: 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 (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Cameron Reed
13b. MOTHER'S MAIDEN NAME: Agustus Francisco
14. NAME OF HUSBAND OR WIFE: Willie Streit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Henry Gunn, ADDRESS: Otterville Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4214

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1944 *to* Sept 16, 1949, *that I last saw the deceased alive on* 9/15, 1949, *and that death occurred at* 9:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robt L. Fogle, M.D.
23b. ADDRESS: Otterville, Mo
23c. DATE SIGNED: 9/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 18, 1949
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Otterville, Mo.

DATE REC'D BY LOCAL REG.: Sept. 17, 1949
REGISTRAR'S SIGNATURE: Nellie Mullett 73
25. FUNERAL DIRECTOR'S SIGNATURE: Hays Painter, ADDRESS: Otterville, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 23
District Health Officer No. 5
9-23-49

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.

Signed Robert L. Painter

Signed ..... Student Embalmer

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, Mo.

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.