

34647

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1949

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 354

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HUGHESVILLE</u>	
c. LENGTH OF STAY (In this place) <u>12 Days</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSENA</u> b. (Middle) <u>MATHILDA</u> c. (Last) <u>KRAUSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 23 1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>FEB 24, 1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>SALINE COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>PETER STEINWUEHLER</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE DIERKING</u>	14. NAME OF HUSBAND OR WIFE <u>/</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HENRY ZIEGELBEIN</u> ADDRESS <u>HUGHESVILLE, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstructive Pulmonary Disease</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		491X 10 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS @ chd myocarditis @ Fracture of left hip		

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

22. I hereby certify that I attended the deceased from Oct 13, 1949 to Oct 23, 1949, that I last saw the deceased alive on Oct 23, 1949, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Crook</u> (Degree or title)	23b. ADDRESS <u>5406 W. 1st St., Mo.</u>	23c. DATE SIGNED <u>Oct 25, 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 26, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>	24d. LOCATION (City, town, or county) (State) <u>CONCORDIA Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/26/49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> ADDRESS <u>Concordia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 31

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-3-49

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed E. S. James

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia 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.