

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12514**

BIRTH NO. _____		REG. DIST. NO. 115		PRIMARY REG. DIST. NO. 4187		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union		c. LENGTH OF STAY (In this place) 17 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union, Missouri		0360	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) JULIA		a. (First)		b. (Middle) BARBARA		c. (Last) BARRIE	
4. DATE OF DEATH April 1 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 1, 1855		9. AGE (In years last birthday) Months Days 95 3 0	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Unkon, Missouri		12. CITIZEN OF WHAT COUNTRY? Union		13a. FATHER'S NAME John Eisenhuth		13b. MOTHER'S, MAIDEN NAME Barbara Schiller	
14. NAME OF HUSBAND OR WIFE Unknown		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. None		17. INFORMANT'S SIGNATURE OR NAME John Froshaug	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiac Vascular Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days 10 yrs 4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1945 , to 4-1-50 , 19____, that I last saw the deceased alive on 3-31, 1950 , and that death occurred at 2 P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. H. Strehlman O. M. D.				23b. ADDRESS Union, Missouri		23c. DATE SIGNED 4-3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-4-50		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Union, Missouri	
DATE REC'D BY LOCAL REG. April, 3-1950		REGISTRAR'S SIGNATURE J. T. Cooper		FUNERAL DIRECTOR'S SIGNATURE Edna Cooper		ADDRESS Union Funeral Home, Union	

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

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RECEIVED
APR 11 1950
District Health Officer No. 9,
District File Number

MAY 1 1950

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 Harlan H. Johannaber

Licensed Embalmer No. 4488

P. O. Address Union, Missouri

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.