S. No. 300
. 10.48

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40332

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 31

0320

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Roark
c. LENGTH OF STAY (In this place) 86yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 2Mi. S.W.of Hermann, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Roark
d. STREET ADDRESS (If rural, give location) 2Mi. S.W. of Hermann, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Emelie
b. (Middle)
c. (Last) Strassner

4. DATE OF DEATH (Month) Dec (Day) 28 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 5th, 1864
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR: Months, Days — 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) Hermann, Mo. R.F.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ernst Gaebler
13b. MOTHER'S MAIDEN NAME Emma Senn
14. NAME OF HUSBAND OR WIFE Oswald Strassner Dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Oscar Brinkmann, **ADDRESS** Hermann, 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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ 4200

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — 20 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
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* 3-16, 1950, *to* 12-28, 1950, *that I last saw the deceased alive on* 12-27, 1950, *and that death occurred at* 8:30 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Carol T. Shaw, MD.
23b. ADDRESS Hermann, Mo
23c. DATE SIGNED 12-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-30-50
24c. NAME OF CEMETERY OR CREMATORY Hermann City Cemetery
24d. LOCATION (City, town, or county) Hermann, (State) Mo.

DATE REC'D BY LOCAL REG. 12-29-50
REGISTRAR'S SIGNATURE D. A. Muskwiller
25. FUNERAL DIRECTOR'S SIGNATURE Hugo H. Blumer **ADDRESS** Hermann, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 4 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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.....

.....;

working under my personal supervision.

Student Embalmer No. .....

Signed Chas. H. Pope

Signed.....
Student Embalmer

Licensed Embalmer No. 2552

P. O. Address Hermann, 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.