

FILED FEB 7 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 528

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>5250</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>				
b. CITY OR TOWN <u>Rural Brunswick</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Rural Brunswick</u>		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____								
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>William</u>			c. (Last) <u>Straub</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1951</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>March 10 1873</u>		
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Straub</u>			13b. MOTHER'S MAIDEN NAME <u>Louise (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Hopney</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>George Straub</u> ADDRESS <u>Brunswick Mo</u>				
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) <u>Ch. Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
		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.						
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) _____		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 <u>Aug</u> , 19 <u>46</u> , to <u>Jan 17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 10</u> , 19 <u>50</u> , and that death occurred at <u>3:15</u> p. m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Carl C. Heger</u> (Degree or title) _____				23b. ADDRESS <u>(M.D.) 10 Neysville Mo</u>		23c. DATE SIGNED <u>1/19/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 20/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elliott Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brunswick Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-20-51</u>		REGISTRAR'S SIGNATURE <u>Mildred Brand</u>		56		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer Funeral Home</u> ADDRESS <u>Brunswick Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: 2-1-67  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-320  
Filed FEB 6 1951

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 S. L. Leopard  
.....

Licensed Embalmer No. 3970

P. O. Address Mendon Me

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.