No. 300
10.48

FILED SEP 19 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 31244

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 294

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

**1. PLACE OF DEATH**
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flat River
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):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flat River 0 94.2
d. STREET ADDRESS (If rural, give location): 302 Spruce St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): LOUISE
b. (Middle): CAROLINE
c. (Last): LIX

**4. DATE OF DEATH** (Month) (Day) (Year): Sept-6,1951

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: Sept-25-1882
**9. AGE** (In years last birthday): 68 IF UNDER 1 YEAR Months: 11 Days: 11 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): Lixville, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Henry Russler
**13b. MOTHER'S MAIDEN NAME**: Mimmie
**14. NAME OF HUSBAND OR WIFE**: Christain Lix
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: George Lix **ADDRESS**: Flat River, 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) Cerebral hemorrhage

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis

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

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 331X
**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* July 22, 1951, *to* Sept 6, 1951, *that I last saw the deceased alive on* Sept 5, 1951, *and that death occurred at* 2:00P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: C H Epplehemy (Degree or title): M.D.
**23b. ADDRESS**: Flat River, Missouri
**23c. DATE SIGNED**: Sept-6-1951

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Sept-9-1951
**24c. NAME OF CEMETERY OR CREMATORY**: Lutheran Cemetery
**24d. LOCATION** (City, town, or county) (State): Yount, Missouri

**DATE REC'D BY LOCAL REG.**: Sept. 8, 1951
**REGISTRAR'S SIGNATURE**: Esther Rudolph 289
**25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**: SPARKS F. HOME Flat River, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 17 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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Murphy Spar Bs

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.