

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36773**

FILED DEC 11 1951

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 152

272

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville | | c. LENGTH OF STAY (In this place) 40 Yrs. | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At Home 808 Morgan St. | | d. STREET ADDRESS (If rural, give location) 808 Morgan St. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Knack c. (Last) Stretz. | | | 4. DATE OF DEATH December 3 1951. (Month) (Day) (Year) | | |
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|----------------------|-------------------------------|---|--|---|------------------------|-----------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 24th 1886 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Boonville, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA. |
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| 13a. FATHER'S NAME Adolph Knæck. | 13b. MOTHER'S MAIDEN NAME Unknown. | 14. NAME OF HUSBAND OR WIFE Herman Stretz. |
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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) No | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT'S SIGNATURE OR NAME Harold Stretz, Boonville, Missouri | ADDRESS |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| | | |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 1949, to 3 Dec, 1951, that I last saw the deceased alive on 11/27, 1951, and that death occurred at 7 P.m., from the causes and on the date stated above.

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|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE Wg Paune MD (Degree or title) | 23b. ADDRESS Boonville Mo | 23c. DATE SIGNED 12/6/51 |
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|---|----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE December 5 1951 | 24c. NAME OF CEMETERY OR CREMATORY Catholic | 24d. LOCATION (City, town, or county) (State) Boonville, Missouri. |
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| DATE REC'D BY LOCAL REG. 12-6-51 | REGISTRAR'S SIGNATURE Hooper 381 | 25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Holley ADDRESS Boonville Mo. |
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RECEIVED DEC 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 10 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. 433

working under my personal supervision.

Student F. William Kasman
Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.