

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38188

State File No.

FILED NOV 29 1951

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 533 N. 2nd. Street		d. STREET ADDRESS (If rural, give location) 533 N. 2nd. Street	

3. NAME OF DECEASED (Type or Print)	a. (First) CLAREL	b. (Middle) SHIPHERD	c. (Last) STRAUBE	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7, 1879	9. AGE (In years last birthday) (Month) (Day) (Year) 72 - 13	10. UNDER 1 YEAR (Hours) (Min.)	11. UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dentist	10b. KIND OF BUSINESS OR INDUSTRY Dentist	11. BIRTHPLACE (State or foreign country) Wellsville, Montg., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George M. Straube	13b. MOTHER'S MAIDEN NAME Clara Shipherd	14. NAME OF HUSBAND OR WIFE Mrs. Josie Straube
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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. none	17. INFORMANT'S SIGNATURE OR NAME <i>Madeline Straube Reed</i>	ADDRESS <i>Wellsville Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9/15/51
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <i>Carcinoma of Liver</i>		
	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 1561	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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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 9/11, 1951, to 9/20, 1951, that I last saw the deceased alive on 9/20, 1951, and that death occurred at 8:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. S. Roman Jr</i>	23b. ADDRESS <i>Wellsville Mo</i>	23c. DATE SIGNED <i>11/21/51</i>
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 11/22/51	24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cemetery	24d. LOCATION (City, town, or county) (State) Wellsville, Missouri
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DATE REC'D BY LOCAL REG. 11-21-51	REGISTRAR'S SIGNATURE <i>W. S. Roman Jr</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. S. Roman Jr</i>	ADDRESS <i>Wellsville Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

0700

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 26 1951

RECEIVED

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 F B Wells

Licensed Embalmer No. 1588

P. O. Address St Louisville 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.