

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43856**

BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **6234** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Elkhorn Twp.	c. LENGTH OF STAY (In this place) 68 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Elkhorn Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Warrenton RFD #2	
3. NAME OF DECEASED (Type or Print) a. (First) Sophia b. (Middle) Mary c. (Last) Droselmeyer			4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Dec. 3, 1858
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Lincoln County, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY At home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Stock		13b. MOTHER'S MAIDEN NAME Katherine Steinecker	14. NAME OF HUSBAND OR WIFE Ernst Droselmeyer, dec'd.
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 ADDRESS Albert Droselmeyer, Warrenton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis 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 332X	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) (Min.)		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 Dec 9, 1951 , to Dec 11, 1951 , that I last saw the deceased alive on Dec 11, 1951 , and that death occurred at 8:50a m. , from the causes and on the date stated above.			
23a. SIGNATURE (Declarant or title) Alford N. Martin D.O.		23b. ADDRESS Warrenton Mo.	23c. DATE SIGNED 12-13-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Warrenton Cemetery
24d. LOCATION (City, town, or county) (State) Warrenton, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. W. Nieburg & Co. Warrenton, Mo.	
DATE REC'D BY LOCAL REG. 12-17-51		REGISTRAR'S SIGNATURE Flayd Logan	

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

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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.....
Student Embalmer

Signed *John J. Hieburg*
Licensed Embalmer No. *3897*

P. O. Address *Warrenton, 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.