

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5767

State File No. 17259

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>2095</u>		Registrar's No. <u>157</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		<u>0640</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South River Hosp.</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>MINNIE</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>STAUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 22 1873</u>			
9. AGE (in years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</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>Henry Schmidt</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Travolt</u>		14. NAME OF HUSBAND <u>John Staus</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>John Staus</u>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial disease</u> <u>Recompensation</u> 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 <u>1 1/2 hours</u> <u>4 months</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-2-01</u>					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>May 10</u> , 1952, to <u>May 22</u> , 1952, that I last saw the deceased alive on <u>May 22</u> , 1952, and that death occurred at <u>7:30 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. H. Reimer M.D.</u> (Degree or title)				23b. ADDRESS <u>Palmyra Mo</u>		23c. DATE SIGNED <u>5/26/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/24/52</u>		24c. NAME OF CEMETERY OR CREMATORIAN <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-28-52</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Shague</u>		ADDRESS <u>Palmyra Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUN 2 1952
MARION CO. HEALTH DEPT.
DATE FILED JUN 4 1952

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 E. J. Smaque

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.