

RECORDED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25005

BIRTH NO.		REG. DIST. NO. 180		PRIMARY REG. DIST. NO. 5673		Registrar's No. 17		
1. PLACE OF DEATH a. COUNTY Lincoln 0570				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln 0570				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNRural - Monroe Township		c. LENGTH OF STAY (in this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWNRural - Monroe Township 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mile n.w. of old Monroe				d. STREET ADDRESS (If rural, give location) 3 mile n.w. of old Monroe				
3. NAME OF DECEASED a. (First) Charles (Type or Print)			b. (Middle) Adam		c. (Last) Jost		4. DATE OF DEATH (Month) (Day) (Year) July 17, 1952	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 26, 1890		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pharmacist - retired			10b. KIND OF BUSINESS OR INDUSTRY Pharmacy owner		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Jost			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Edna Schemmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War one			16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Edna Jost - old Monroe, Mo.			ADDRESS
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (b) Arteriosclerotic Cardiovascular and Cerebrovascular Disease ANTECEDENT CAUSES (a) Cerebrovascular Accident, i.e. Cerebral Hypoxia involving Vertebral and Basilar Arteries + Encephalomalacia involving Hypothalamic Area DUE TO (c) DUE TO (a) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 4221				
22. I hereby certify that I attended the deceased from March 18, 1952, to July 17, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 7:15 a.m., from the causes and on the date stated above.								
23a. SIGNATURE Francis Lion, M.D.			23b. ADDRESS Winfield, Mo.		23c. DATE SIGNED 7/19/1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-19-52	24c. NAME OF CEMETERY OR CREMATORY St. Paul's E & R Cem.		24d. LOCATION (City, town, or county) Old Monroe, Missouri		(State)	
DATE REC'D BY LOCAL REG. 7-25-1952		REGISTRAR'S SIGNATURE Emma R. Riddle 162		FURNERAL DIRECTOR'S SIGNATURE Charles Elsberry, Mo.		ADDRESS		

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

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 *C. G. Gueland*

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.