

120 SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28989**

BIRTH NO. _____ REG. DIST. NO. **225** PRIMARY REG. DIST. NO. **3053** Registrar's No. **169**

812
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. CITY (If outside corporate limits, write RURAL and give township) Sullivan, Missouri @ 361	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 131 E Euclid	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps County Memorial Hospital			

3. NAME OF DECEASED a. (First) Geoffrey b. (Middle) Davis c. (Last) Strauser		4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 4, 1948
9. AGE (In years last birthday) 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	11. BIRTHPLACE (State or foreign country) Sullivan, Missouri
10b. KIND OF BUSINESS OR INDUSTRY NIL		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles Strauser	13b. MOTHER'S MAIDEN NAME Barbara Cartwright	14. NAME OF HUSBAND OR WIFE NIL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NIL	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Charles Strauser ADDRESS Sullivan, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of Vomitus		MEDICAL CERTIFICATION ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Anesthetic associated with		
	DUE TO (c) appendectomy		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 9/4/52	19b. MAJOR FINDINGS OF OPERATION Acute appendicitis	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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **9/4/52**, 19____, to **9/4/52**, 19____, that I last saw the deceased alive on **9/4/52**, 19____, and that death occurred at **11:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. F. Anderson M.D. (Degree or title)	23b. ADDRESS Sullivan Mo.	23c. DATE SIGNED 9/5/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/6/52	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
24d. LOCATION (City, town, or county) (State) Sullivan, Missouri		

DATE REC'D BY LOCAL REG. Sept 5, 1952	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Wm. P. Stoffer ADDRESS Sullivan Mo
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RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 9-8-52

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 _____

Signed.....

Student Embalmer

Licensed Embalmer No. 4590

P. O. Address Lullian, 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.