

FILED OCT 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34038

State File No.

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 72

090
1

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

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u>	c. LENGTH OF STAY (In this place) <u>4 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u> <u>1090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mathilda</u>	b. (Middle) <u>Eliza</u>	c. (Last) <u>Strack</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1952</u>
-------------------------------------	----------------------------	--------------------------	-------------------------	--------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 19, 1870</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u> IF UNDER 2 HRS. Hour <u> </u> Min. <u> </u>
-------------------------	----------------------------------	--------------------------------------------------------------------------	------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------

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 <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Augusta, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------	------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>August Mestmacher</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Tuepker</u>	14. NAME OF HUSBAND OR WIFE <u>Gustave Strack, dec.</u>
------------------------------------------------	------------------------------------------------------	------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jennie Bockhorst, Warrenton, Mo.</u>
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	-------------------------------------------------------------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>2 years 4 mos.</u> <u>About 10 years.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Carcinoma of Breast</u> DUE TO (b) 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 <u>170X</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) (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 March 17, 1950, to Oct. 2, 1952, that I last saw the deceased alive on Oct. 2, 1952, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alford N. Macken, D.O.</u>	23b. ADDRESS <u>Warrenton, Mo.</u>	23c. DATE SIGNED <u>10-4-52</u>
-------------------------------------------------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strack's (Harmonie)</u>	24d. LOCATION (City, town, or county) (State) <u>Warren County, Mo.</u>
------------------------------------------------------------	----------------------------------	------------------------------------------------------------------	----------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>10-4-52</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg & Co., Warrenton, Mo.</u>
--------------------------------------------	---------------------------------------------	-------------------------------------------------------------------------------------------

(If signed Embalmer's Statement on Reverse Side)

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.....

John E. Verbeuzer

Signed.....

Student Embalmer

Licensed Embalmer No. *4409*

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.