

No. 300  
10.48

FILED MAR 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8695

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5032 Registrar's No. 41

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1. PLACE OF DEATH a. COUNTY <u>Audrain, enroute to hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Rural Linn Township)</u>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Linn</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles north of Martinsburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PETER</u>	b. (Middle) <u>ANTHONY</u>	c. (Last) <u>TROESSER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 14 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 7, 1904</u>	9. AGE (In years last birthday) <u>48</u>	If UNDER 1 YEAR Month <u>5</u> Day <u>7</u>	If UNDER 10 HRS. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Frankenstein, Osage, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Peter Troesser</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Haslag</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Rose Troesser</u>
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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 AND ADDRESS <u>Mrs Rose Troesser Laddonia Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. * - DUE TO (b) <u>Unknown</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>			

19a. DATE OF OPERATION <u>X</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>
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22. I hereby certify that I attended the deceased from 3-14-53, 10 \_\_\_\_\_, to 3-14, 1953, that I last saw the deceased alive on 3-14, 1953, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sam J. O'Brien</u> (Degree or title) <u>MO</u>	23b. ADDRESS <u>Mexico, Missouri</u>	23c. DATE SIGNED <u>3-17-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/17/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Martinsburg, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 17-1953</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W B Wells Wellsville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 24 1958

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 A. B. Kelly

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.