

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **10855**

FILED APR 14 1953

BIRTH NO. REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **116**

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1001 S. Montgomery			d. STREET ADDRESS (If rural, give location) 1001 S. Montgomery		
3. NAME OF DECEASED (Type or Print) a. (First) MABLE b. (Middle) N. c. (Last) AASERUDE			4. DATE OF DEATH (Month) (Day) (Year) April 3, 1953		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 16, 1897		9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR: Months 5 Days 1 Hours 1 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (City and State or Foreign Country) Grand Forks, North Dakota			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Albert Strutz		13b. MOTHER'S MAIDEN NAME Sophie		14. NAME OF HUSBAND OR WIFE Major O. C. Aaserude	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Major O. C. Aaserude, Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Breast 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 170X		
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 4-1 , 19 53 , to 4-4 , 19 53 , that I last saw the deceased alive on 4-1 , 19 53 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Alvin L. Lowe M.D.			23b. ADDRESS 418 1/2 S Ohio		23c. DATE SIGNED 4-4-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/7/1953		24c. NAME OF CEMETERY OR CREMATORY Arlington Cemetery	
24d. LOCATION (City, town, or county) (State) Milwaukee, Wisconsin					
DATE REC'D BY LOCAL REG. 4-7-1953		REGISTRAR'S SIGNATURE A. J. [Signature]		FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

1001 8 7 1936

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

Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.