

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13687

FILED MAY 5 1953

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5307 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lohman- Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lohman, Mo. Rural	
c. LENGTH OF STAY (in this place) Since 1898		0260	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) North of Russellville, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Charley c. (Last) Strobel			4. DATE OF DEATH (Month) (Day) (Year) April 26, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 10, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Days 1 Hours 16
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Near Lohman, Mo. Cole Co.	
12. CITIZEN OF WHAT COUNTRY? U. S					

13a. FATHER'S NAME Erhardt Strobel		13b. MOTHER'S MAIDEN NAME Johanna Marie Blank		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Strobel- Lohman Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5-7	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 410x			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Plumitin Plural Cori			
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) Russellville Cole Mo	
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 **4-24**, 19**53**, to **4-25**, 19**53**, that I last saw the deceased alive on **4-25**, 19**53**, and that death occurred at **NOON** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. R. E. Weaver D.C.		23b. ADDRESS Russellville Mo		23c. DATE SIGNED 4-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-28-53		24c. NAME OF CEMETERY OR CREMATORY Trinity Ev. Lutheran	
				24d. LOCATION (City, town, or county) (State) Russellville, Mo	

DATE REC'D BY LOCAL REG. Apr. 28		REGISTRAR'S SIGNATURE Mrs. Minnie Hittenuye		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heigo Schubert Russellville	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Wesley H. Schuler
Licensed Embalmer No. 2800

P. O. Address *Russellville, 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.