

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31436

State File No. _____

FILED SEP 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>SULLIVAN</u>		c. LENGTH OF STAY (in this place) <u>9 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OWENSVILLE, MO 0370</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Side Hosp. 7 days</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlotte</u> b. (Middle) <u>—</u> c. (Last) <u>GUESE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-53</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <u>9</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>FEB 6 1867</u>	
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		9. AGE (In years last birthday) <u>86</u> 10. MONTHS <u>9</u> 11. DAYS <u>9</u>	
11. BIRTHPLACE (State or foreign country) <u>THIRD CREEK GASCONADE</u>				12. CITIZEN OF WHAT COUNTRY? <u>10</u>			
13a. FATHER'S NAME <u>HERMAN BRUENS</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Hoffeldt</u>			14. NAME OF HUSBAND OR WIFE <u>Louis GUESE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS CHAS SCHOEN OWENSVILLE</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL VASCULAR ACCIDENT</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u> <u>YEARS</u>
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (Minute)		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 <u>9-14-53</u> , to <u>9-15-53</u> , that I last saw the deceased alive on <u>9-14</u> , 1953, and that death occurred at <u>12:00 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert M. ... M.D.</u>				23b. ADDRESS <u>40 1/2 No. Clark St. Sullivan Mo</u>		23c. DATE SIGNED <u>9-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BENEF. & R. CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BEM MO</u>	
DATE REC'D BY LOCAL REG. <u>9-15-53</u>		REGISTRAR'S SIGNATURE <u>Ch. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Millard H. H. ...</u>		
					ADDRESS <u>OWENSVILLE MO</u>		

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

361

1936 1.00

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin H H Winter

Licensed Embalmer No. 383 F

P. O. Address OWEN SULLIVAN

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.