

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**31444**

State File No. \_\_\_\_\_

**FILED SEP 28 1953**

BIRTH NO. _____		REG. DIST. NO. <u>116</u>	PRIMARY REG. DIST. NO. <u>3020</u>	Registrar's No. <u>162</u>
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Franklin</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR # 2 Washington</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 2</u> <span style="float:right">0360 D</span>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CATHERINE</u>		b. (Middle) <u>H</u>		c. (Last) <u>LAUSE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>9 29 1953</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>April 2, 1867</u>	
<b>9. AGE</b> (In years last birthday) <u>86</u>		Months <u>5</u>	Days <u>17</u>	IF UNDER 24 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Prakow Missouri</u>
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>				
<b>13a. FATHER'S NAME</b> <u>Adelbach</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Abbrmann</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. Emil Lause</u>
				<b>ADDRESS</b> <u>Washington, Mo.</u>
<b>MEDICAL CERTIFICATION</b>				
<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cardiac degeneration</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>13 days</u>
		b) <u>Chr. myocardial degeneration</u>		<u>3 yrs</u>
		c) <u>Metastatic carcinoma</u>		<u>15 yrs</u>
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. nephritis</u>		<u>3 yrs</u>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				<u>410 X</u>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from <u>June 8, 1953</u> to <u>Sept 20, 1953</u>, that I last saw the deceased alive on <u>Sept 10, 1953</u> and that death occurred at <u>7:15 P.m.</u>, from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>20 S. Main Washington Mo</u>		<b>23c. DATE SIGNED</b> <u>9-21-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>9-22-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Luke's Cemetery</u>
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>Prakow Missouri</u>
<b>DATE RECD BY LOCAL REG.</b> <u>9/21/53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>
				<b>ADDRESS</b> <u>Washington, Mo.</u>

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

No. 200  
10-48

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

*M. W. Willentz*

Licensed Embalmer No. 4511

P. O. Address Washington, Miss

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.