

FILED OCT 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35560

BIRTH NO.		REG. DIST. NO. 115		PRIMARY REG. DIST. NO. 5483		Registrar's No. 29		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Union</u>		c. LENGTH OF STAY (in this place) <u>7 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-St. John's</u>		03600		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Villa Ridge, Missouri</u>				d. STREET ADDRESS <u>Villa Ridge, Missouri</u>				
3. NAME OF DECEASED a. (First) <u>ELIZABETH</u>			b. (Middle) <u>M.</u>		c. (Last) <u>STRAATMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 1, 1881</u>		
9. AGE (In years) <u>72</u>		If under 1 year: Months <u>10</u> Days <u>10</u>		If under 1 mo. Hours <u>10</u> Min. <u>10</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if rusty) <u>Home Maker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Villa Ridge, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Hagedorn</u>			13b. MOTHER'S MAIDEN NAME <u>Gertrude Hellmeyer</u>		13c. NAME OF HUSBAND OR WIFE <u>Brad Straatmann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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 <u>Brad Straatmann</u> ADDRESS <u>Villa Ridge, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				DUE TO (b) <u>Arterio-sclerotic Cardio Vascul. Disease</u>				<u>5 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Aortic Atherosclerosis</u>				<u>10 days</u>
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		4201		
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 <u>11-29</u> , 19 <u>48</u> , to <u>Oct 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>53</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. S. Strickman</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Union, Mo</u>		23c. DATE SIGNED <u>10-15-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Villa Ridge, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Oct 15 1953</u>		REGISTRAR'S SIGNATURE <u>B. T. Cooper</u>		FURNERAL DIRECTOR'S SIGNATURE <u>E. C. Nieburg</u>		ADDRESS <u>Villa, Wash. Missouri, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side) A. Witt

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

OCT 1 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.....

*Lester H. Witt*

Licensed Embalmer No. *3254*

P. O. Address *Washington, D.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.