

STANDARD CERTIFICATE OF DEATH

38422

State File No.

FILED DEC 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 386

1. PLACE OF DEATH a. COUNTY CALLOWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, write RURAL and give town OR FULTON MISSOURI)	c. LENGTH OF STAY (in this place) township) L 16 M	c. CITY OR TOWN California	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 1		e. STREET ADDRESS (If rural, give location) 702 Willow st	

3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) Reusser c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov- 27th 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH August 17- 1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Fritz Reusser	13b. MOTHER'S MAIDEN NAME Rosetta Geiger	14. NAME OF HUSBAND OR WIFE None Given
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Not Given	16. SOCIAL SECURITY NO. Not Given	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records Fulton 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Chronic Brain Syndrome associated with A rteriosclerosis		
	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 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) 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July -22, 1952, to Nov- 27- 53, that I last saw the deceased alive on Nov- 26th-, 1953, and that death occurred at 9:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J Henry Fowl	23b. ADDRESS Fulton Missouri	23c. DATE SIGNED Nov- 27-53
--	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov-27-1953	24c. NAME OF CEMETERY OR CREMATORY Evangelical Cent Jamestown Mo	24d. LOCATION (City, town, or county) (State) Bowling California
DATE REC'D BY LOCAL REG. Nov-27-1953	REGISTRAR'S SIGNATURE Maretta Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lawrence Reuss Bowling California	

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Edward Brown

Licensed Embalmer No. 2

P. O. Address *Caligo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.