

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2330**
Registrar's No. **1575**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3034**

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| 1. PLACE OF DEATH a. COUNTY Pike | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 118 South 8th St. | | d. STREET ADDRESS (If rural, give location) 118 South 8th St. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) GUSSIE | b. (Middle) | c. (Last) MICHAEL | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 25, 1954 |
|---|-------------|--------------------------|---|

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|----------------------|-------------------------------|---|--|---|---|---------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH April 26, 1866 | 9. AGE (In years last birthday) 87 | if UNDER 1 YEAR Months 8 Days 29 | if UNDER 12 mos. Hours |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois | 12. CITIZEN OF WHAT COUNTRY? U. S. |
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|---|--|---|
| 13a. FATHER'S NAME Elias Michael | 13b. MOTHER'S MAIDEN NAME Nettie Jacobs | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME V. M. Pitney, Louisiana, Mo. | ADDRESS |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis with Acute Congestive Heart Failure | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ | | |
| | DUE TO (c) Chronic Arterio Sclerotic Vascular Disease | | 4 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 4221 YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| | | |
|---|--|----------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from **Jan. 20, 1954**, to **Jan. 25, 1954**, that I last saw the deceased alive on **Jan 25, 1954**, and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

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|---|-------------------|--|---------------------------------|
| 23a. SIGNATURE Robert L. Andrae M.D. | (Degree or title) | 23b. ADDRESS 216 Georgia St. Louisiana, Mo. | 23c. DATE SIGNED 1/26/54 |
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| | | | |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/28/54 | 24c. NAME OF CEMETERY OR CREMATORY Hebrew Cemetery | 24d. LOCATION (City, town, or county) (State) Pike Co., Missouri |
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| DATE REC'D BY LOCAL REG Jan 28, 1954 | REGISTRAR'S SIGNATURE Berniece Collier | 25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo. | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 16 1954

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 Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.