

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED MAR 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5258 Registrar's No. 10

0210

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

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK TWP</u>		c. LENGTH OF STAY (In this place) <u>7 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) : TOWN <u>BRUNSWICK</u>		0210
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME RURAL</u>			d. STREET ADDRESS (If rural, give location) <u>RURAL</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHIA</u>		b. (Middle) <u>A</u>	c. (Last) <u>MEYER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>AUG. 12-1877</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BRUNSWICK MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN STRAUB</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA POESER</u>		14. NAME OF HUSBAND OR WIFE <u>WIDOW</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EUGENE MEYER BRUNSWICK 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u>				<u>15 yrs</u>
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>				<u>20 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>				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)			
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 <u>9/1</u> , 19 <u>46</u> , to <u>3/1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/20</u> , 19 <u>55</u> , and that death occurred at <u>11:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. H. Straub M. D.</u>			23b. ADDRESS <u>Branswick</u>		23c. DATE SIGNED <u>3/4/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-4-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST BONIFACE CEM</u>	24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO</u>		
DATE REC'D BY LOCAL REG. <u>3-4-55</u>	REGISTRAR'S SIGNATURE <u>Mildred Roane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>K. Meese</u>	ADDRESS <u>Branswick</u>	

**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 L. McEisal

Licensed Embalmer No. 823

P. O. Address Brunswick 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.