

FILED APR 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10692

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SCOTT</b>	
b. CITY OR TOWN <b>CHAFFEE</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>CHAFFEE</b>	
c. LENGTH OF STAY (in this place) <b>2 YRS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>324 W DAVIDSON</b>		No. STREET ADDRESS (If rural, give location) <b>324 W DAVIDSON 100 1/2</b>	

3. NAME OF DECEASED (Type or Print) <b>CARL LEWIS SODERSTROM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 29 55</b>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>NOV. 22-1887</b>		9. AGE (In years last birthday) <b>67</b> Months <b>4</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>PRINCETON ILL</b>	
13a. FATHER'S NAME <b>MATHIS SODERSTROM</b>			13b. MOTHER'S MAIDEN NAME <b>MARTHA BACHMAN</b>		14. NAME OF HUSBAND OR WIFE <b>MATTIE SODERSTROM</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CARL L SODERSTROM CHAFFEE MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC DECOMPENSATION</b>			<b>3 WKS</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MYOCARDOSIS, ARTERIO-SCLEROSIS</b>			<b>5 YRS.</b>	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>PARKINSON'S DISEASE,</b>			<b>12 YRS.</b>	
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NATURAL</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NONE</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>-</b>		

22. I hereby certify that I attended the deceased from **2-26**, 1953, to **3-29**, 1955, that I last saw the deceased alive on **3-28**, 1955, and that death occurred at **12:45 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. J. Masbach, D.O.</b>		23b. ADDRESS <b>Chaffee, Mo.</b>		23c. DATE SIGNED <b>3-31-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B.</b>		24b. DATE <b>4-1-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>PRINCETON ILL</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. Hubbs Chaffee, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>4-1-55</b>		REGISTRAR'S SIGNATURE <b>Mrs. Fred Brephing Lett</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. Hubbs Chaffee, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED APR 4 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 455-20 78

APR 8 1955

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.....  
Signature of Student Embalmer

Signed J. Laberg  
Licensed Embalmer No. 3810  
P. O. Address Cape Girardeau

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.