

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21408**

FILED JUN 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville Mo.</b>		c. CITY OR TOWN <b>ALTENBURG</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 day</b>		e. STREET ADDRESS (If rural, give location) <b>0799/</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Perry Co. Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) _____ c. (Last) <b>Preusser</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 16 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 6 1885</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Perry Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Henry Doering</b>	13b. MOTHER'S MAIDEN NAME <b>Amilia Petzoldt</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur Preusser</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Arthur Preusser Altenburg Mo.</b>

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) <b>Intestinal Obstruction</b>		<b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Strangulated Ventral Hernia</b> DUE TO (c) <b>Ventral Hernia</b>		<b>1 day</b> <b>10 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myocarditis</b>		<b>7 years</b>	

19a. DATE OF OPERATION <b>None</b>	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) <b>5613</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **10-25-49**, 19**49**, to **5-16-**, 19**56**, that I last saw the deceased alive on **5-16**, 19**56**, and that death occurred at **7:50 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Theshore Fischer M.D.</b>	23b. ADDRESS <b>Altenburg Mo</b>	23c. DATE SIGNED <b>5-17-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 19 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Trinity Lutheran</b>
24d. LOCATION (City, town, or county) (State) <b>Altenburg Mo.</b>		

DATE REC'D BY LOCAL REG. <b>5-21-56</b>	REGISTRAR'S SIGNATURE <b>Joseph Zeller</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Young &amp; Sons Perryville Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

250

**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 *Wallace Young*.....  
Licensed Embalmer No. *702*

P. O. Address *Perry*.....

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.