S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

State File No. 36707

BIRTH NO. _____ REG. DIST. NO. 325' PRIMARY REG. DIST. NO. 4480 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greentop Mo
c. LENGTH OF STAY (in this place) [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Schuyler
c. CITY OR TOWN LANCASTER
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 0980

3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) c. (Last) Saner

4. DATE OF DEATH (Month) Oct (Day) 6 (Year) 56

5. SEX 7 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct 9 1875
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Germany 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ludwig Rothenstine
13b. MOTHER'S MAIDEN NAME Elizabeth Keifer
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Lowell Saner ADDRESS Lancaster 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis with Myocardial Infarction
DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

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 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20, 1956, *to* 10-6, 1956, *that I last saw the deceased alive on* 9-27, 1956, *and that death occurred at* 3:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Frank Kust DO
23b. ADDRESS Greentop, Mo
23c. DATE SIGNED 10-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 9-56
24c. NAME OF CEMETERY OR CREMATORY IOOF
24d. LOCATION (City, town, or county) LANCASTER (State) MO

DATE REC'D BY LOCAL REG. Oct. 8, 56
REGISTRAR'S SIGNATURE Mrs. A. J. Drake
25. FUNERAL DIRECTOR'S SIGNATURE Morehead-Norman ADDRESS Lancaster Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jova E. Foster

Licensed Embalmer No. 474

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.