No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4448

State File No. 5875

FILED FEB 26 1957

BIRTH NO. _____ REG. DIST. NO. 4448 — PRIMARY REG. DIST. NO. 6024 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lawson
c. LENGTH OF STAY (In this place): 49 yrs
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: Missouri
b. COUNTY: Ray
c. CITY OR TOWN: Lawson 0890 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): GEORGE
c. (Last): GSTREIN

4. DATE OF DEATH (Month) (Day) (Year): Feb 16 1957

5. SEX: Male
6. COLOR OR RACE: white 8
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov 22 1883
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 2, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Fort Worth Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Jacob Gstrein
13b. MOTHER'S MAIDEN NAME: Elizabeth Lafelt
14. NAME OF HUSBAND OR WIFE: Clara Gstrein Lawson Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-40-6746
17. INFORMANT'S SIGNATURE OR NAME: Mrs Kathryne Rogers — ADDRESS: Lathrop 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 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis & Auricular Fibrillation — 10 yrs.
DUE TO (c):

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): Lawson Ray Mo. 2
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 _____, 1946, to Feb 16, 1957, that I last saw the deceased alive on Feb 16, 1957, and that death occurred at 2:50 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cletus E Buehrer MD.
23b. ADDRESS: Lawson Mo.
23c. DATE SIGNED: 2/18/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 18 1957
24c. NAME OF CEMETERY OR CREMATORY: Lawson Cemetery
24d. LOCATION (City, town, or county) (State): Lawson Mo

DATE REC'D BY LOCAL REG.: Feb 23 - 1957
REGISTRAR'S SIGNATURE: Malal Jackson
25. FUNERAL DIRECTOR'S SIGNATURE: Jarman - Prichard — ADDRESS: Lawson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

-73

MAR 12 1957

Feb 28

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, M

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.