Health, Welfare Public Service

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1-56

FILED APR 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12615
STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 5328 Registrar's No. 1-1957

1. PLACE OF DEATH
a. COUNTY Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Leasburg — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. # 1 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Crawford
c. CITY OR TOWN Leasburg — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R. # 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Augusta — Middle M — Last Protte
4. DATE OF DEATH: Month April — Day 3 — Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 28, 1891
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 11 Days 5 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Fred Bartelheimer
14. MOTHER'S MAIDEN NAME:
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.: None
17. INFORMANT: Alice Protte — Address: Leasburg, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 15 YRS.
DUE TO (c) MYXEDEMA — 15 YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from April 2, 1957, to April 3, 1957 and last saw her alive on April 2, 1957
Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ronald K. Scott (Degree or title) D. O.
22b. ADDRESS: Sullivan, Missouri
22c. DATE SIGNED: 4/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/6/1957
23c. NAME OF CEMETERY OR CREMATORY: Lea Cemetery
23d. LOCATION (City, town, or county) (State): Leasburg, Crawford, Mo.

24. FUNERAL DIRECTOR: Paul A. Shanklin — ADDRESS: Cuba, Mo.
25. DATE RECD. BY LOCAL REG.: 4/6/1957
26. REGISTRAR'S SIGNATURE: Mrs. C. Davis, Deputy

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 347

P. O. Address Cuba, M

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