

pt. Health,
, & Welfare
S. Public
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1958

5918 474663
STATE FILE NUMBER
141

Registration District No. 273 Primary Registration District No. Registrar's No. 141

1. PLACE OF DEATH a. COUNTY Perry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Perry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Menfro		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menfro, Mo. R.I.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) R.I.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Louis Francis Streiler			4. DATE OF DEATH Month Day Year Dec. 27, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 10, 1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Perry County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm. Streiler		13b. MOTHER'S MAIDEN NAME Madgellan Tucker	
14. NAME OF HUSBAND OR WIFE Rosa Green		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (unknown)) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-40-7698	
17. INFORMANT Mrs. John Vernon, Menfro, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac failure		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7824		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> Natural <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY 3:00 p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farmer's home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Route 1, Menfro Perry Mo.	
21. I attended the deceased from Coroner of Perry County, Mo. , to Coroner of Perry County, Mo. and last saw him alive on Coroner of Perry County, Mo. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (M) Healdman (Degree or title) Coroner of Perry County, Mo.		22b. ADDRESS Perryville, Mo.		22c. DATE SIGNED 12-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 30, 1957		23c. NAME OF CEMETERY OR CREMATORY St. James Catholic Cem., Crosstown, Mo.	
23d. LOCATION (City, town, or county) Crosstown, Mo.		24. FURNERAL DIRECTOR Albert Bey Perryville, Mo.		25. DATE RECD. BY LOCAL REG. 12-30-57	
26. REGISTRAR'S SIGNATURE Joe J. Zeller					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1959

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 _____

Albert Bey
Licensed Embalmer No. 3866
P. O. Address Perryville

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.