Health, Welfare Public Service

300
1-57

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005019
STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): SULLIVAN — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ELMONT RD. — Length of stay in 1b: 5 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: FRANKLIN
c. CITY OR TOWN: SULLIVAN — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): ELMONT ROAD — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: EGI Middle: ALVIE Last: STRAUSER
4. DATE OF DEATH: Month: MARCH Day: 2 Year: 1958
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: AUGUST 21, 1896
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months: 6 Days: 9 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE SUPERVISOR
10b. KIND OF BUSINESS OR INDUSTRY: PETROLEUM
11. BIRTHPLACE (City and state or country): SPRING BLUFF, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: GEORGE W. STRAUSER
13b. MOTHER'S MAIDEN NAME: SUSAN F. MOSS
14. NAME OF HUSBAND OR WIFE: EVA DESKIN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 442-07-8671
17. INFORMANT: EVA STRAUSER Address: SULLIVAN, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be tested. All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS
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): BRONCHIECTASIS & EMPHYSEMA 151X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 NOV 3-57, to MAR 2-58 and last saw ~~him~~ alive on MAR 2-1958
Death occurred at 5:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert [illegible] (Degree or title) MD
22b. ADDRESS: Sullivan Mo.
22c. DATE SIGNED: Mar 3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MARCH 5, 1958
23c. NAME OF CEMETERY OR CREMATORY: CAVE SPRING BAPTIST CHURCH
23d. LOCATION (City, town, or county) (State): SULLIVAN MO.

24. FUNERAL DIRECTOR: H McCaton ADDRESS: Sullivan, Mo.
25. DATE RECD. BY LOCAL REG.: 3-5-58
26. REGISTRAR'S SIGNATURE: Thomas G. Dougherty

(Licensed Embalmer's Statement on Reverse Side)

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 HARRISON W. EATON, Student Embalmer No. 555 working under my personal supervision.

Student Harrison W. Eaton
Signature of Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 472

P. O. Address Sullivan, Mo.

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.