

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026389

STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 33

S. 300
ev. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Freeburg, Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Freeburg, Mo. RFD</u>		Length of stay in 1b <u>life</u>	d. STREET ADDRESS (If outside, give location) <u>0760 RFD</u>
3. NAME OF DECEASED (Type or print) First <u>Peter</u> Middle Last <u>Dresel</u>			4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1958</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 22, 1897</u>
9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self-employed</u>	11. BIRTHPLACE (City and state or country) <u>Richfountain, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Dresel</u>		13b. MOTHER'S MAIDEN NAME <u>Kunagunda Ruder</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Boehm</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>John Dresel, Freeburg, Mo., RFD</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hanging by neck by rope</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>By hanging from rope by neck</u>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on his own farm</u>	20f. CITY, TOWN, OR LOCATION <u>Freeburg, Mo. RFD</u>	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>Approx. 9:00 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clyde Morton</u> (Degree or title) <u>Coroner 3</u>		22b. ADDRESS <u>Linn, Mo.</u>	22c. DATE SIGNED <u>7/28/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/31/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bached Heart</u>	23d. LOCATION (City, town, or county) (State) <u>Richfountain, Mo.</u>
24. FUNERAL DIRECTOR <u>Clyde Morton</u> ADDRESS <u>Linn, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>August 1-1958</u>	26. REGISTRAR'S SIGNATURE <u>T. Schubert</u>

VS OCT 24 1980

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 *Leon M. Matou*

Licensed Embalmer No. *4125*

P. O. Address *Levi M.*

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.