

Health,
& Welfare
Public
Service
370
300
1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028750
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 118 Primary Registration District No. 5438 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brush Creek Twp.		c. CITY OR TOWN Owensville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home		d. STREET ADDRESS (If outside, give location) Rural Route 3	

3. NAME OF DECEASED (Type or print) First Middle Last Gustena Caroline Dahl			4. DATE OF DEATH Month Day Year August 23, 1958		
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5. SEX female	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 April 25, 1865	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Owensville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Gotfritz Holzschuh	13b. MOTHER'S MAIDEN NAME Caroline Holanscheidt	14. NAME OF HUSBAND OR WIFE William F. Dahl
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Minnie Brim Owensville Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Right Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 4 dys.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Thrombosis		4 dys.
	DUE TO (c) arteriosclerosis		332X 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 8-19-58 to 8-23-58 and last saw her alive on 8-23-58 Death occurred on 4 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Paula Brand, M.D.	22b. ADDRESS Owensville, Mo.	22c. DATE SIGNED 8-23-1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-25-1958	23c. NAME OF CEMETERY OR CREMATORY Burchard Cemetery	23d. LOCATION (City, town, or county) (State) Owensville, Mo.
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24. FUNERAL DIRECTOR Milford H. H. Winters Owensville	25. DATE RECD. BY LOCAL REG. August 25, 1958	26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappney
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

930

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 Me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Myford H. Winter.....

Licensed Embalmer No. 3838.....

P. O. Address OWENSVILLE.....

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.