

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047023

STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 189

300
1-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN, Washington TWP.		c. CITY OR TOWN Nevada	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.No.2		d. STREET ADDRESS (If outside, give location) R.F.D.No.2	

3. NAME OF DECEASED (Type or print) First Augusta Middle Julia Last Streich			4. DATE OF DEATH Month 12 Day 17 Year 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 Sept. 4-1881	9. AGE (In years last birthday) 77	10. FUNDER YEAR Months 3 Days 13	11. 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) La Salle, Ills.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Klewien	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased Charles Streich, Deceased
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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 none	16. SOCIAL SECURITY NO. none	17. INFORMANT W.E. Steich, Son Nevada, Missouri	Address R.F.D.No.2
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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) Repeated Cerebral Hemorrhage causing left Hemiplegia.		INTERVAL BETWEEN ONSET AND DEATH Just 24 hrs ago Last Hemorrhage Dec 6-1958.
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) Age 33 1/2		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 AT 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 Nevada - Vernon, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from 1956 to 12/17/58 and last saw her alive on 12/17/58 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.F. Steich (Degree or title)	22b. ADDRESS Nevada, Mo	22c. DATE SIGNED 12-27-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-19-58	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	23d. LOCATION (City, town, or county) (State) Nevada, Vernon, Missouri
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24. FUNERAL DIRECTOR Hays Funeral Service, Inc.	ADDRESS Nevada, Missouri	25. DATE RECD. BY LOCAL REG. 12-27-1958	26. REGISTRAR'S SIGNATURE Anna C. Ferry
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

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 *Richard L. Luffin*
Licensed Embalmer No. *5053*
P. O. Address *St. Louis, 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.