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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008198
STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 363 Primary Registration District No. 6236 Registrar's No. 4

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1. PLACE OF DEATH a. COUNTY Warren			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charrette township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Marthasville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION So. of Warrenton		Length of stay in 1b 6 mos.	d. STREET ADDRESS (If outside, give location) Rural Route		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Augusta Dreyer			4. DATE OF DEATH Month Day Year Feb. 11, 1959		
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 July 25, 1869	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ferdinand Sprick		13b. MOTHER'S MAIDEN NAME Johanna Ritter		14. NAME OF HUSBAND OR WIFE Henry Dreyer, decd.	
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 Werner Dreyer		Address R.R. Marthasville, 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) <u>Cerebral thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardio-vascular Renal Disease</u>					<u>15 yrs</u>
DUE TO (c) <u>General arterio sclerosis</u>					<u>20 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.)			
20c. TIME OF INJURY Hour Month, Day, Year 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Apr. 19 30</u> to <u>Feb 11, 1959</u> and last saw her alive on <u>Feb 11 1959</u> Death occurred at <u>7:30</u> p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>W. Schreuder M.D.</u>			22b. ADDRESS <u>Marthasville Mo.</u>		22c. DATE SIGNED <u>2-13-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-14-59	23c. NAME OF CEMETERY Immanuels E&R Church		23d. LOCATION (City, town, or county) (State) Holstein, Mo.
24. FUNERAL DIRECTOR ADDRESS F.W.Nieburg & Co., Warrenton, Mo.			25. DATE RECD. BY LOCAL REG. 2-17-59		26. REGISTRAR'S SIGNATURE <u>J. H. ...</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John J. Heiburg*
Licensed Embalmer No. *3897*
P. O. Address *Warrenton,*

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.