

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028522

FILED VS AUG 31 1959 80

Primary Registration District No. 5307 Registrar's No. 6

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cole County b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Russellville Length of stay in 1b c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Conrad Strobel Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cole c. CITY OR TOWN Russellville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED First Middle Last Elizabeth Margaret Strobel				4. DATE OF DEATH Month Day Year August 22 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 11-17-1876		9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 9 Days 5 Hours Min. 		IF UNDER 24 HR 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		11. BIRTHPLACE (City and state or country) Centertown, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.					
13a. FATHER'S NAME Joseph Horak				13b. MOTHER'S MAIDEN NAME Clara Droeger				14. NAME OF HUSBAND OR WIFE John Henry Strobel					
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 Conrad Strobel, Russellville, Mo Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Chronic Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)												INTERVAL BETWEEN ONSET AND DEATH 24 hours 48 hours 70 years	
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 a.m. p.m. Month, Day, Year				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 7-4-52 to 8-22-59 and last saw her him alive on 8-22-59 Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) E. M. Eberhart D.O.						22b. ADDRESS Russellville			22c. DATE SIGNED 8-24-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 8-24-1959		23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran		23d. LOCATION (City, town, or county) (State) Russellville, Mo					
24. FUNERAL DIRECTOR ADDRESS Walter H. Schubert Russellville						25. DATE RECD. BY LOCAL REG. Aug. 24		26. REGISTRAR'S SIGNATURE Minnie Kittermeyer					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Nugent Schubert

Licensed Embalmer No. 2820

P. O. Address Russell

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.