

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005776

FILED VS FEB 29 1960

Registration District No. 115-116 Primary Registration District No. 5434 Registrar's No. 39

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. John's Township</u>		Length of stay in lb <u>65 yrs.</u>		c. CITY OR TOWN <u>Washington</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Washington R.I.C.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.I.C.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Edwin</u> Middle <u>HENRY</u> Last <u>Strubberg</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>25</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 3, 1892</u>		9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Pipe Factory</u>		11. BIRTHPLACE (City and state or country) <u>Dutrow, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Frank Strubberg</u>				13b. MOTHER'S MAIDEN NAME <u>Dieckhaus</u>				14. NAME OF HUSBAND OR WIFE <u>Archie Strubberg</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. <u></u>		17. INFORMANT <u>Archie Strubberg, Washington, Mo</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Acute Cardiac Decompensation</u>													
DUE TO (b) <u>Arteriosclerotic Myocarditis</u>													
DUE TO (c) <u>Hypertensive arteriosclerosis</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u></u> Month, Day, Year <u></u>													
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>Nov 1959</u> to <u>Feb 1960</u> and last saw him alive on <u>Feb 16</u> Death occurred at <u>5:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>J. T. Witt M.D.</u>						22b. ADDRESS <u>Washington, Mo</u>			22c. DATE SIGNED <u>2-26-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)							
<u>Burial</u>		<u>Feb 27, 1960</u>		<u>St. Francis Cemetery</u>		<u>Washington, Missouri</u>							
24. FUNERAL DIRECTOR <u>Wiegand & Witt, Inc. Washington, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>2/26/60</u>		26. REGISTRAR'S SIGNATURE <u>F. J. Hubmann</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 7 1960

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

Lester A. U...

Licensed Embalmer No. 325

P. O. Address

Washington,

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.