URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010248

FILED VS MAR 22 1960

Registration District No. 65 Primary Registration District No. Registrar's No. 23

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY CHARITON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRUNSWICK
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SE CORNER
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CHARITON
c. CITY OR TOWN BRUNSWICK
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) R ROUTE
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First MARY Middle FERDNANDA Last STRUB
4. DATE OF DEATH Month 3 Day 13 Year 1960
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 2-8-1880
9. AGE (last birthday) 80
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK
11. BIRTHPLACE (City and state or country) WORTH, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FERDNAND RASCHE
13b. MOTHER'S MAIDEN NAME ELEABETH LUEKING
14. NAME OF HUSBAND OR WIFE Deceased.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Jule STRUB, Address BRUNSWICK, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dead on arrival -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Reverse Side
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Brown C Rice M.D. (Degree or title)
22b. ADDRESS Brunswick MO
22c. DATE SIGNED 3-15-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-17-60
23c. NAME OF CEMETERY OR CREMATORY ST BONIFACE
23d. LOCATION (City, town, or county) (State) BRUNSWICK MO
24. FUNERAL DIRECTOR L. E. McCURRY ADDRESS BRUNSWICK MO
25. DATE RECD. BY LOCAL REG. Mar 19-1960
26. REGISTRAR'S SIGNATURE Lloyd Smith

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Deceased was found dead - evidently died
Causes - possibly been dead 2 or 3 days. She
living by herself. No evidence of violence.

Grover C Rice m.

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 L. E. McCurry

Licensed Embalmer No. 4806

P. O. Address Brunswick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.