URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1960 042 Registration District No. 1000 Primary Registration District No. 1010 Registrar's No.

-60-033948 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph
Length of stay in 1b: 1 da.
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE California
b. COUNTY
c. CITY OR TOWN Orangevale
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6741 Pecan Ave.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Drusilla Middle Stanton Last Straub

4. DATE OF DEATH Month Day Year: Sept. 24, 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12-11-1879

9. AGE (last birthday): 80 yrs.

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): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Buchanan Co. Mo

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Gabriel T. Groom

13b. MOTHER'S MAIDEN NAME: Malinda Bevins

14. NAME OF HUSBAND OR WIFE: Charles Straub

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.: no

17. INFORMANT Address: Robert Stanton, Eureka, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c): Hypertensive C. V. disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cenemia – normocytic hypochromic

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 9/24/60 to 9/24/60 and last saw her/him alive on 9/24/60
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Scott C Benson M.D

22b. ADDRESS 324 N. 6th

22c. DATE SIGNED 9-26-1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-28-60

23c. NAME OF CEMETERY OR CREMATORY: Amity Cemetery

23d. LOCATION (City, town, or county) (State): Amity-DeKalb Co. Mo

24. FUNERAL DIRECTOR ADDRESS: W.E. Hemmerfield, Stewartsville, Mo.

25. DATE RECD. BY LOCAL REG.: Sept. 29, 1960

26. REGISTRAR'S SIGNATURE: Mrs. Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF S.C. Benson, M.D. MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by ✓, Student Embalmer No. ✓

working under my personal supervision.

Student ✓
Signature of Student Embalmer

Signed W.E. Summerfield

Licensed Embalmer No. 3007

P. O. Addres Stewartsville

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.