

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6988 STATE FILE NUMBER -61-027388

FILED AUG 3 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>				Length of stay in 1b <u>2 HRS.</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSP</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>112 ELMONT ROAD</u>	
3. NAME OF DECEASED (Type or print) First <u>EILEEN</u> Middle <u>O.</u> Last <u>STRAUSER</u>				4. DATE OF DEATH Month <u>JULY</u> Day <u>25</u> Year <u>1961</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 26, 1926</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BEAUTY OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BEAUTICIAN</u>		11. BIRTHPLACE (City and state or country) <u>PENDELTON, MO.</u>		9. AGE (last birthday) <u>35</u>	
13a. FATHER'S NAME <u>MANUAL CAMERON</u>				13b. MOTHER'S MAIDEN NAME <u>MYRTLE WHITTHAUS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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>				17. INFORMANT Address <u>CLARK STRAUER SULLIVAN, MO.</u>			
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>RUPTURED ANEURISM OF LT MIDDLE CEREBRAL ARTERY</u> DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>330X</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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> a.m. <u>—</u> p.m. 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>1954</u> to <u>1961</u> and last saw her <u>alive</u> on <u>July 25-61</u> Death occurred at <u>10:15 P (CDT)</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert J. Smith</u>				22b. ADDRESS <u>Sullivan Mo</u>		22c. DATE SIGNED <u>Jan 26 64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JULY 29 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CAVE SPRING CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>SULLIVAN, R.R. 3, MO.</u>	
24. FUNERAL DIRECTOR <u>H.M. EATON SULLIVAN, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>JUL 27 1961</u>		26. REGISTRAR'S SIGNATURE <u>Joan Smith, M.D.</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Elmer R. Caldwell

Licensed Embalmer No. 4077

P. O. Address St. Louis, Mo

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.