

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007361

STATE FILE NUMBER

Registration District No. 256 Primary Registration District No. 5879 Registrar's No. 2

FILED FEB 23 1962

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

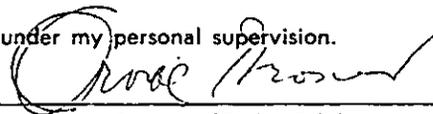
1. PLACE OF DEATH a. COUNTY <b>Osage</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Benton Twp.</b>		Length of stay in 1b <b>555 Yrs.</b>	c. CITY OR TOWN <b>Benton Twp.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 1/2 Mi. West of Morrison</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1 1/2 Mi. West of Morrison</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WILHELMINA</b> Middle <b>STRUTTMANN</b> Last			4. DATE OF DEATH Month <b>Feb.</b> Day <b>19.</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cau.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-13-1871</b>
9. AGE (last birthday) <b>90</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Rhineland, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>John Fehlings</b>	
13b. MOTHER'S MAIDEN NAME <b>Katharina Kolks</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Struttman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Cletus Struttman RFD Chamois, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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 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 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 <b>1-23-56</b> to <b>2-19-62</b> and last saw her/him alive on <b>2-19-62</b>		Death occurred at <b>9:35p</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Carel T. Shaw, MD</b> (Degree or title)		22b. ADDRESS <b>Hermann, Mo.</b>	22c. DATE SIGNED <b>2-19-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-22-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Assumption Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Morrison, Missouri</b>
24. FUNERAL DIRECTOR <b>Herman Blumer, Inc. Hermann, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 20, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Josephine Schieder</b>

**STATEMENT BY LICENSED EMBALMER**

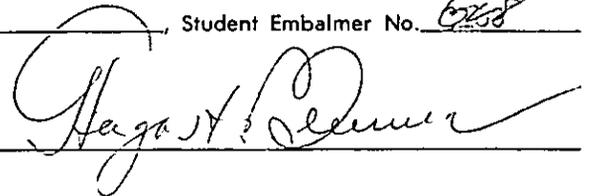
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by ORVAL GROVER, Student Embalmer No. 6258

working under my personal supervision.

Student

  
Signature of Student Embalmer

Signed

  
Licensed Embalmer No. 3160

Licensed Embalmer No. 3160

P.O. Address Hermann, 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.