

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023852

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 119

Primary Registration District No. 5443

Registrar's No. 24

FILED JUN 20 1963

VS 300
Rev. 4/59

1 0370

2 0370

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12 86-2

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roark Twp		Length of stay in 1b 3 days	c. CITY OR TOWN Hermann
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frene Valley Nursing Home		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) 221 East Thirds St
3. NAME OF DECEASED (Type or print) First LAURA Middle DRUSCH Last DRUSCH		4. DATE OF DEATH Month June Day 7 Year 1963	
5. SEX Female	6. COLOR OR RACE Cau.	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 5/4/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Household	9. AGE (last birthday) 80
13a. FATHER'S NAME Robert Schaumberg		13b. MOTHER'S MAIDEN NAME Bertha Glaser	14. NAME OF HUSBAND OR WIFE Otto C. Drusch
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. 488-05-5336	
17. INFORMANT Harold Schaumberg, Hermann, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Overwhelming toxemia Gangrene of right leg Embolism of femoral artery at knee Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 days 3 days 4 days 5 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive cardio-vascular renal disease		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.	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 Hermann COUNTY Gasconade STATE Mo	
21. I attended the deceased from 2/9/59 to 6/7/63 and last saw her alive on 2/6/63 Death occurred at 11:58 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>L. H. Jeter</i> (Degree or title) Hermann, Missouri	
22b. ADDRESS		22c. DATE SIGNED 6/8/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/9/1963	23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery	23d. LOCATION (City, town, or county) Hermann STATE Mo
24. FUNERAL DIRECTOR Herman Blumer, Inc Hermann, Mo		25. DATE RECD. BY LOCAL REG. 6-9-63	
26. REGISTRAR'S SIGNATURE <i>Delma Uffelman</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Aug 20 1963

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



Licensed Embalmer No. 5187

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.