

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039361

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 472

FILED NOV 12 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Vienna, Mo.</b>		c. CITY OR TOWN <b>Vienna, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Charles E. Still Hosp.</b>		d. STREET ADDRESS <b>Vienna, Mo.</b>	
3. NAME OF DECEASED (Type or print) <b>Lezette none Struempf</b>		4. DATE OF DEATH <b>Nov. 5, 1963.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</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>8/8/1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	
11. BIRTHPLACE (City and state or country) <b>Osage County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Fredrick Falter</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Stratman</b>	
14. NAME OF HUSBAND OR WIFE <b>George Struempf</b>		17. INFORMANT <b>John Struempf</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>[Redacted]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pyemia Due to Bowel obstruction</b> DUE TO (b) <b>Acute Cholecystitis cause unknown</b> DUE TO (c) <b>Gall stone obstruction common duct</b>		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) <b>Rule 3, 8.1</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <b>Vienna, Mo.</b>	
21. I attended the deceased from <b>Nov 1-63</b> to <b>Nov 5-63</b> and last saw her <sup>her</sup> alive on <b>Nov 5-63</b> Death occurred at <b>5:20P</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Eugene E. Roberts</b>	
22b. ADDRESS <b>Jefferson City MO</b>		22c. DATE SIGNED <b>Nov 5-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/7/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Visitation Cemetery</b>	23d. LOCATION (City, town, or county) <b>Vienna, Mo.</b>
24. FUNERAL DIRECTOR <b>W. C. Birmingham, Vienna, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7 November 1963</b>	26. REGISTRAR'S SIGNATURE <b>Norma E. Richter</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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. B. Birmingham

Licensed Embalmer No. 3664

P. O. Address Pinna 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.