

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

National Office of Vital Statistics

FILED DEC 15 1948

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 60

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 yrs _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar

(c) City or town El Dorado Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME ALBERT P. STRAIGHT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day Dec. year 1948 hour 1 minute 30 a M.

21. I hereby certify that I attended the deceased from Dec 1st 1948 to Dec 7 1948 that I last saw him alive on Dec 6 1948 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gerald 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased DEC 5 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>		<u>2</u>	_____ hr. _____ min.

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

9. Birthplace Sherridan Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Former EMBLEMER

11. Industry or business Truman W. Straight

12. Name Albert P. Straight

13. Birthplace Sherridan Mo
(City, town, or county) (State or foreign country)

14. Maiden name Cora A. West

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Osterader

(b) Address Omaha Neb

17. (a) Buried (b) Date thereof 12-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation City Cemetery

(b) Address El Dorado Mo

19. (a) 12-11-48 (b) George W. Naper
(Date received local registrar) (Registrar's signature)

Other conditions _____

Major findings: 107

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature [Signature] (M. D. or other) Mo

Date signed 12-11-48

RECORDED
District Health Officer No. 7,
District File Number 11-4-2-44-38
Date Filed 12-14-27

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El-Dorado 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 this body is not embalmed, fact should be so stated above.