

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3821

State File No.

No. 300
10.48

ALSO FEB 8 1949

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3026 Registrar's No. 22

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada</u>	c. LENGTH OF STAY (In this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Mo.</u>	108
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ed</u> b. (Middle) <u>Matthew</u> c. (Last) <u>Strafuss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 13, 1893</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carl Strafuss</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Worschak</u>	14. NAME OF HUSBAND OR WIFE <u>Anna R. Strafuss</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna R. Strafuss</u>	ADDRESS <u>Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY HEART DISEASE</u>			?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTEROSCLEROTIC C.V.R. DISEASE</u>			?
DUE TO (c) <u>—</u>			—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			—

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u> m. <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from JAN 16, 1949, to JAN 22, 1949, that I last saw the deceased alive on JAN 22, 1949, and that death occurred at 7:28 a.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>W. W. Miller M.D. (1)</u>	23b. ADDRESS <u>NEVADA MISSOURI</u>	23c. DATE SIGNED <u>1-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ottawa Kans.</u>	24d. LOCATION (City, town, or county) (State) <u>Ottawa Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 31, 1949</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Yancus</u>	331	FUNERAL DIRECTOR'S SIGNATURE <u>Mark Geibinger</u>	ADDRESS <u>Nevada Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

District Health Officer No. 7;

District File Number 1-49-13

Date Filed 2-2-49

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
Student Embalmer

Signed Marsh Echeveriz

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.